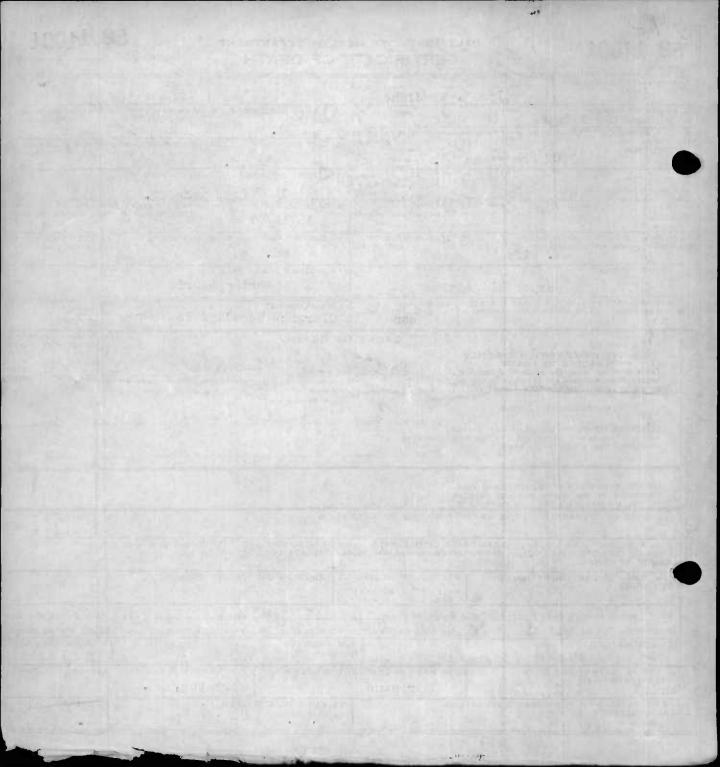
correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

52 11001

В	RTH NO.			CERTIFICATI	E OF DEATH	negistered i	.10.
1.	NAME OF D					2. DATE	
			elen J.	Woodland		DEATH 12	/2/52
	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDEN	NCE (Where deceased lived, If B. COUNTY	institution: residence before admission)
8.	FULL NAME		al or institut	ion, give street address or	Md.	2.0001111	Deroit admission)
HO	STITUTION			location)	C. CITY OR TOWN	(If outside corporate limit	write RURAL and give
		1507 Pre	sstman	St.	Bal	to.	township)
	Mary Vo			Yrs. Mos.	D. STREET ADDRES	SS (If rural, give location)	
		tay in Baltimore		Life Days	1507	Presstman St.	
5.	SEX F	6. COLOR OR RACE	7. SINGLE WIDOW	E. MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH 12/16/97	9. AGE (in years)	onths Days Hours Min.
10 work	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR vork done during most of working life, even if retired) He Wife				11. BIRTHPLACE (St	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S N		9		14. MOTHER'S MAIL	DENI MAME	ODA
			Ridgle	y		the Morris	
15 (Yes	, no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	odland 1507 Pres	DDRESS
-	no			none	Clarence we	oursud Tool Leas:	SOURTH DOT
		2./		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY	C.	1. 1 bl	1	Mari
	heart failu	LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea	ng the discas	a	enal mu	writage	/ aay
	injury or	complication which c	aused death	.) DUE TO			
		ANTECEDENT CAUS	ES	P. 1	is - Vascalar	10	
Z	DISFASES	OR CONDITIONS, I	E ANY CIVIN		no-Vasalar	- NACLE (196
ĭ	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	E DUE TO			0
S	ONDERE	ING CONDITION LA	51.	(C)	••••••		*******
드		11	**********				
ERTIFICATION	OTHER S	IGNIFICANT CONDI	TIONS CON	•			
CE	TO THE DI	TO THE DEATH, BUT	CAUSING I	. Б Г			
1	19A. DATE O	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
DICAL							YES NO
EDI		ENT WAS UNDER. CONTRIBUTING DEATH	218. PLA about home, f	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	a or 21c. WHERE DIE		give exact location)
	21D. TIME (Month) (Day) (Year)	(Hour)	21E, INJURY OCCURRI	ED 21F. HOW DID I	NJURY OCCUR?	
	OF INJURY			WHILE AT NOT WHILE			
	22 7 1 2 2 2 2		m.	WORK LATWORK L	21 21 102	. 1000 9 105	
	descripted al	ive on Nec. 2	ended the	deceased from n	1 1 30 8	to kee 2, 1957 from the causes and on the	E, that I last saw the
	23A, SIGNAT		, 194.		3B. ADDRESS	rom the causes and on the	le date stated above.
	-1/6	Chlorald 1	Band	M. D. 2	445 Druid H	ill an	12-4-52
24	A. BURIAL, C	REMA- 248. DATE		24C. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, town,	
	on REMOVAL (S Burial	12/6/5	2	Arbutus		Arbutus, Md.	
	TE RECEIVE	BY REGISTRAR	SIGNATU	RE	25. FUNERAL DIREC		ADDRESS

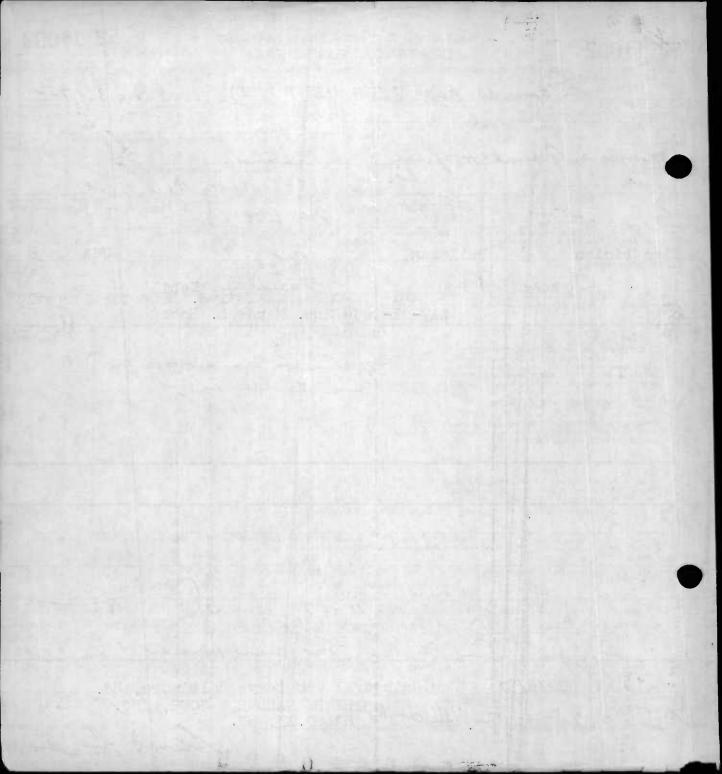
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 11002 Registered No.

	Type or Print)		· (15.	Rose	(JAMES	WALTER	ROSE)	2. DATE OF DEATH De	- 211952
	Raltimore C			71000	(0.22				. If institution : residence before admission
E	FULL NAME		tal or insti	tution, give s	treet address or			B. COUNTY	before admission
1	OSPITAL OR				location)	I C. CITTOR TOWN (II outside con pointe interest write in the state and give			
5	maryl	and Gener	al A	tospe	al	Baltimore D township)			
					Yrs. Mos.	D. STREET A	DDRESS (If r	ural, give location)	
		tay in Baltimore			Days		' Drook	Recul	-8t
5	m,	While		GLE <u>MARRI</u> OWED, DIVO	ED. RCED (Specify)	Feb. 16		9. AGE(In years last birthday)	Months Days Hours Min.
1 wo	IOA. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)					11. BIRTHPLA	ACE (State or for	reign country)	12. CITIZEN OF
	Electric		_	ilding		m	0		USA WHAT COUNTRY
1	3. FATHER'S N	IAME				14. MOTHER	S MAIDEN NA	ME	
		Joseph	R	se		Joseph	eshine.	Kehil	
1	5. WAS DECEASE	D EVER IN U.S. ARME	D FORCES			17. INFORMA	NT 1831	N. Reges	tessessereet13
	lo	(11 you, give war or dat	es of service)	217-	8112834	Mrs. M	aude E.		
1	18. 442	V			CAUSE	OF DEATH			INTERVAL BETWEEN
	DISEAS	E OR CONDITION	DIRECTL	_Y					DNSET AND DEATH
		LEADING TO DEA	TH		Home	Tenn sive	case	invarant	
	heart failu	re, asthenia, etc. It me complication which	ans the dis	ease.			•		
	mjury or	0							
1	THE RESERVE								
NOIL									
E	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TD UNDERLYING CONDITION LAST.								
11 ()	(C)								
Ë		ш							
RT		IGNIFICANT COND							
빙	TO THE DI	SEASE OR CONDITIO							
1		F OPERATION O	19B. MAJ	OR FINDIN	GS OF OPER	ATION			20. AUTOPSY?
∥ S									YES ND
/EDI	21A. ACCID	ENT WAS UNDER- R CONTRIBUTING DEATH			NJURY (e. g., i etreet, office bldg.,			in Baltimore Cit	y, give exact location)
MEDICAL	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJU	RY OCCURR	ED 21F. HOW	DID INJURY	OCCUR?	
	OI INSORT		m.	WHILE AT	NOT WHILE				
	22 I hereh	s contifue that I at		1 1101111		-17	10 Class /2	- ? 10	that I last saw th
		ive on See. 3	10 (2	and that	death occur	red at 1:us	On from th	e any see and or	the date stated shows
	23A. SIGNAT			and inal	2	38. ADDRESS	Fine., from th	e causes ana or	n the date stated above
		n - Ders.	Vis		M. D.	- marine	med Ho		Se 31952
2	4A. BURIAL. C	NEMA 248. DATE		24c. NAM		RY OR CREMAT	ORY 24D. LO	CATION (City, to	wn, or county) (State)
'	buria	9 1 9 9 1/1	52	New C	athedne	7 Cemet	ent Bo	Ltimore,	Ma
	ATE RECEIVED	BY REGISTRAR	SSIGNA	TURE	a one a	PAR FHNERAL	PURECTOR	TONIG TAL	ADDRESS
	OCAL REGISTI	1959 H- +:	aton	William	A. M.	BALTO.13	MD.	sons, inc	
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-	N		40000	E 12	- D. O.	7 0	1 / 1		



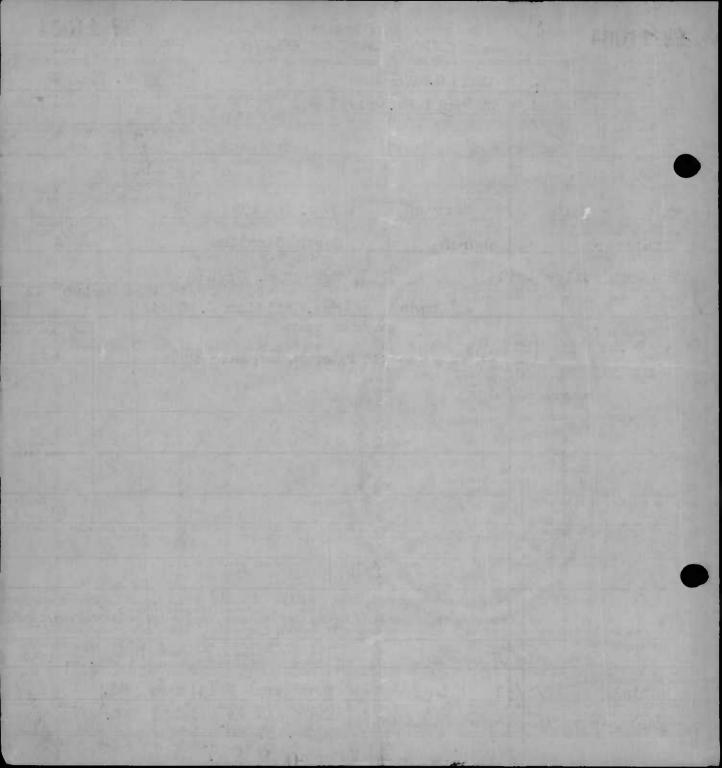
)		200		
	-	BALTIMORE CITY H	EALTH DEPARTMENT Registered No.	1003
1	BI	THE NO.	E OF DEATH Registered No.	/
		NAME OF DECEASED AVYUL, Ros	S 2. DATE OF DEATH	/3/57
		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If in	titution: residence before admission)
	В.	FULL NAME OF (If not in hospital or institution, give street address o	The state of the s	43.50
ly.		ISTITUTION . + University Angle	Balto	township)
and legibly	c.	Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)	ed
11		SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.) WIDOWED DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years If Und	er l Year Il Under 24 Hours as Days Hours Min.
clearly	10	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR NDUSTR'		CITIZEN OF WHAT COUNTRY
death c	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	di to
to	(Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES? a, no or unknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT 22439 COLADO	SESS Ped 21
causes	10	122 01 2000		INTERVAL BETWEEN
		18. 260 X CAUSE DISEASE OR CONDITION DIRECTLY	OF DEATH /	ONSET AND DEATH
the		•••••		
write		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	adent	The same of
- 11	_			
please	NOIL	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE		***************************************
		UNDERLYING CONDITION LAST. (C)(C)		
Physicians:	RTIFICA			
hysi	ш	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		/
- 11	U	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
int.	CA			YES NO
important.	IEDIC	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Obout home, farm, factory, street, office bidg.		exact location)
y in		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY		
ciall		m. WHILE AT NOT WHILE AT WORK		
espec		22. I hereby certify that I attended the deceased from		hat I last saw the
			urred at 9 Am., from the causes and on the	date stated above.
age is		. Klyn Jorgans M.D.	Muversity Frofile	12/3/02
	710	ON, REMOVAL (Specify)	ery or CREMATORY 24D. LOCATION (City, town, or orial Hospital Baltimore,	
correct	D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	HENRY SANDER & SONS, INC.	
00		DEC 4-1050 Huntington Williams M.T.	BALTO., 13, MD. Jung J	Saudy
		VS 150	3A - 0 0 6/	

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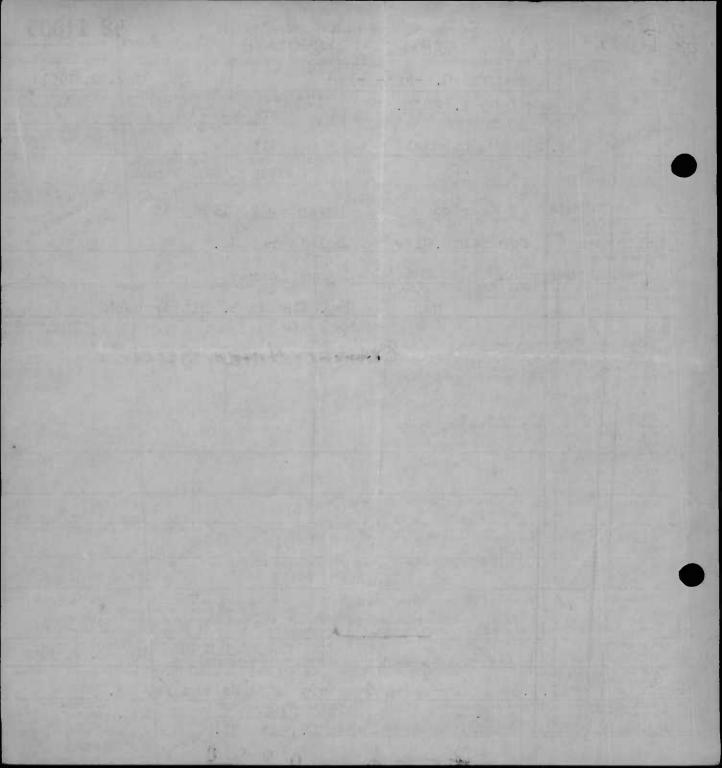
200	3 1100)4	BAL	CERTIFICATI			Registered	No.
	TH NO.	b. ()		OERTH TOATT	- OI DEATH			
	NAME OF DI pe or Print)	ECEASED	LLOYI	G.DAVIS		2	OF DEATH	. 2, 1952
A. I		ity, Maryland 20		ruid Pk. Driv	4. USUAL RESIDE CA. STATE Maryl		e deceased lived. E. COUNTY	If institution : residence before admission
HO	SPITAL OR	OF Of not in hospita	al or institut	ion, give street address or location)	c. CITY OR TOWN		side corporațe li	nits, write RURAL and gi
	TITUTION 50	Union Mem	orial H	Hospital	Balti			5 - O btownshi
				Yrs. Mos.	D. STREET ADDRE		ark Drive	
-	Length of St	tay in Baltimore 6.COLOR OR RACE	7. SINGLI	Days E. MARRIED,	8. DATE OF BIRTH		AGE (In years)	If Under 1 Year If Under 24 Hou
	ale	White	Ma	ved, DIVORCED (Specify)		900	52	Months Days Hours Mir
		CUPATION (Give kind of f working life, even if retired)		INDUSTRY	11. BIRTHPLACE (S		gn country)	12. CITIZEN OF WHAT COUNTRY
	Minister FATHER'S N		chur	ch	North Caro			USA
		Settles Dav	rie		Roberta E.			
15.	WAS DECEASE	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT2(Addrisse II
(188,	No	(If yes, give war or dates	or service)	none security No.	Mrs. Lill:	_		
	18. 58	7.0		CAUSE	OF DEATH	100		INTERVAL BETWEE
	DISEAS	E OR CONDITION						
	heart failu	not mean the mode ore, asthenia, etc. It mea	of dying, e. ns the diseas	se,	emorrhagic p	ancreat	itis	
	injury or	complication which c	aused death	1.) DUE TO				
		ANTECEDENT CAUS	SES	(B)				
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							
AT	UNDERLY	ING CONDITION LA	ST.	(C)	•••••			
RTIFIC		11						
L'H'	TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	ED				
핑		Application of the second seco	The state of the s	FINDINGS OF OPER	ATION			20. AUTOPSY?
AL.			L oa- mi	CE OF IN HIRV (210 WHERE R	(TE :-	D-Min Cit-	YES X NO
1 5	UNDERLYIN	NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH.		ACE OF INJURY (e. g., i farm, factory, street, office bldg., c			Baitimore City	, give exact location)
11 2	21D. TIME (OF INJURY	Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F. HOW DID	INJURY O	CCUR?	
	22. I certit	u that I took char	ae of the	remains described a	bove, held an	autor	sy	thereon and fro
					1	Autopsy, Insp	ection or Inquin	
-	and de	ath in my opinion	resulted f	from: natural causes	X, accident [],	suicide []	homicide 🗌	, undetermined \square .
	23A. SIGNAT	TURE RA	Fin	her M	238. CHIEF ME ASSISTANT ME .D. MEDICAL INVI	EDICAL EXA	MINER	Dec. 2. 1952
24/	A. BURIAL, C	REMA- 24B. DATE		24C. NAME OF CEMETE			ATION (City, tov	
	burial	12/5/5	52	Loudon Parl			l more, N	
LOC	TE RECEIVER	RAR REGISTRAR	SSIGNATI	Williams, M.	HENRY SANI	ECTOR DER & S	SONS, IN	IC. ADDRESS
VS	151	7.0	0	000	BALTO.13,	MD	e, g	The 1
				E 0 0 7	TW 0 9	2/6	-4	mount

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correct age is especially important. Physicians: please write the causes of death clearly and legibly.



-	36 BIRTH NO.	005		BAI	LTIMORE CITY CERTIFICA	TE	OF DEAT		Registere	52 1	1.005
	1. NAME C (Type or Pr	of DECEAS		ANLEY	CRITTE		CH		OF DEATH	ec. 2,	1952
	B. FULL NA HOSPITAL	re City, N	Taryland 1		. 28th. to	s or	STATE Mary	land	ere deceased lived B. COUNTY	1	efole admission
	INSTITUTIO		St. Jose	ph's Ho			Baltimore				
STORE	Length	of stay in	Baltimore	111	M M	rs. D.			th Street)	
מונון זה	5. SEX	W	OR OR RACE	Marr	e, married, ved, divorced (sp 1ed	NC NC	vember 3	3, 190	0 52	Months Da	ys Hours Min.
COSTS	work done during		10N (Give kind of glife, even if retired)		of Business of Industrates	Ba	ltimore,	Md.			IZEN OF AT COUNTRY
4011	Conr		terpusc	h			мотнек s ма nna Lehr		ME		
70	15. WAS DEC	15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO NO							litterpus	ADDRESS	
The state of the s	Z DISE UND	(C)								27.22	
T TI S SYC	TRIBU	JTING TO THE DISEASE	ICANT CONDI TE DEATH, BUT OR CONDITION RATION 1	NOT RELAT	ED	PERATI				20	. AUTOPSY?
OT COLLES	UNDER		AUSE WAS OR CONTRIB- OF DEATH.		ACE OF INJURY (e farm, factory, street, office b		21c. WHERE E INJURY OCCU		in Baltimore Cit		t location)
			(Day) (Year)		21E. INJURY OCCU	HILE	21F, HOW DID	INJURY	OCCUR?		
The evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased and death in my opinion resulted from: natural causes of accident , suicide , home								spection or Inquieased died on , homicide	iry the day], undetern	nincd [].	
age Is		GNATURE	R	84	show	M.D.	23B. CHIEF MI ASSISTANT MI MEDICAL INV	EDICAL EX ESTIGATO	R		, 1952
1001	tion, REMOV buria.	AL (Specify)	12.5.5	3/3	Parkwood C				cation (City, to imore, 1		y) (State)
107	DATE RECI		REGISTRAR'		Wallisau N	HEN	RY SANDE	ECTOR ER & S MD.	sons, inc	ADDRE	ss
	V S 151	1000	Popular.	6	773	93	0	0 6	Dea, TI	Henry	le



62	9.	0	6	
BIRTH	NO.	52	-2	90
1. NAM	E OF	DECE	ASED	

content age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 11006

B1	RTH NO. 5	2-29219		CERTIFICAT	E OF DEATH	Registere	d No.
1. (T	NAME OF D ype or Print)	BABY BO	or GR.	4 Y		2. DATE OF DEATH	11-30-52
A.		EATH: City, Maryland			4. USUAL RESIDENCE (
H	FULL NAME DSPITAL OR STITUTION	SAINT A		ion, give street address or location) HOSPITAL			mits, write RURAL and give township)
c.	Length of s	tay in Baltimore		Yrs. Mos. Days	d. STREET ADDRESS (I	f rural, give location)	Rn.
	SEX Male	6.COLOR OR RACE	7. SINGLE WIDOW	E. MARRIED, YED, DIVORCED (Specify)	8. DATE OF BIRTH 11-30-52	9. AGE (In years	Months Days Hours Min. 5 HRS
10 work	A. USUAL OC done during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S 1	NAME			14. MOTHER'S MAIDEN N		
15 (Yes	. WAS DECEASI	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	URAI	ADDRESS
ERTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, ctc. It mea complication which of ANTECEDENT CAUS GOR CONDITIONS. II HE ABOVE CAUSE (A) 'ING CONDITION LA II IGNIFICANT CONDITION TO THE DEATH, BUT	TH f dying, e. g ns the diseas aused death ES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B)	Lephyria na	adinim	
AL C	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY?
IEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about home, f	CE OF INJURY (e. g., l srm, factory, street, office bldg.,	or 21c. WHERE DID (btc.) INJURY OCCUR?	If in Baltimore City	y, give exact location)
	21d. TIME (OF INJURY	Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	21F. HOW DID INJUR	Y OCCUR?	
TIC	a. BURIAL. (S. REMOVAL (S. RECEIVE.)	Pecify) D BY REGISTRAR	19.52 Jo2	and that death occur M.D. 24C. NAME OF CEMETE Cathedia	Tred at 1 20 m., from 3B. ADDRESS RY OR CREMATORY 24D. L	the causes and on Hospital OCATION (City, toward) 2/Timor	23c. DATE SIGNED
	VS 150		U				

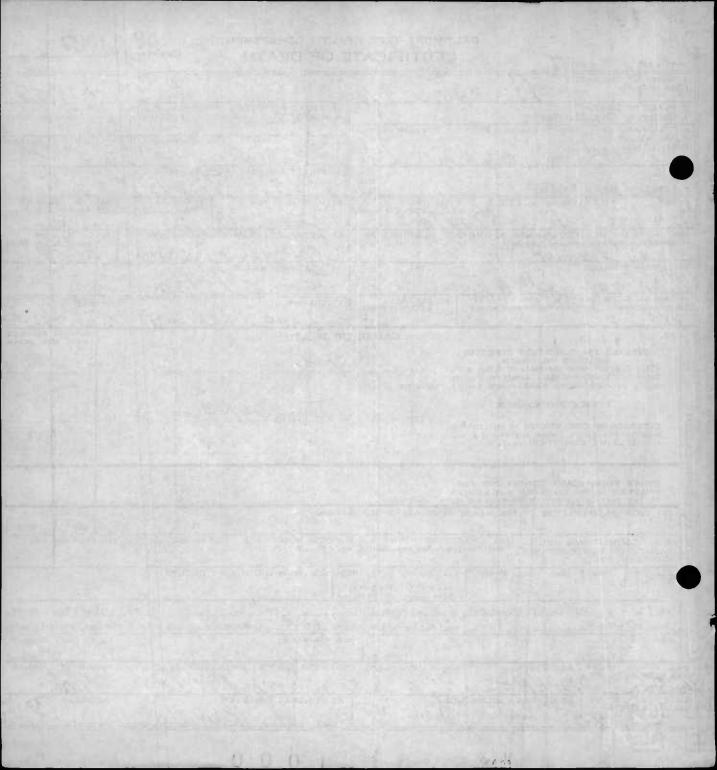
Land and Charles was already

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) GE (In years If Under 1 Year If Under 24 Hours last highligh) Months Days Hours Min. 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Givekindof) BHRTHPLACE (State or foreign country 12. CITIZEN OF work anned uring most of working life, even if retired)

13. FATHER'S NAME INDUSTRY WHAT COUNTRY 14. MOTHER'S MAIDEN NAME MBS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, never sinknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, ne og sinknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., Uma (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. INJURY OCCUR? LYING OR CONTRIBUTING 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E, INJURY OCCURRED OF INJURY WHILE AT NOT WHILE AT WORK WORK 22. I hereby certify that I attended the deceased from 1125 195 Lto. . 191 that I last saw the deceased alive on 12 195 and that death occurred at b m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA 24B, DATE 240. NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY BEGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR

VS 150

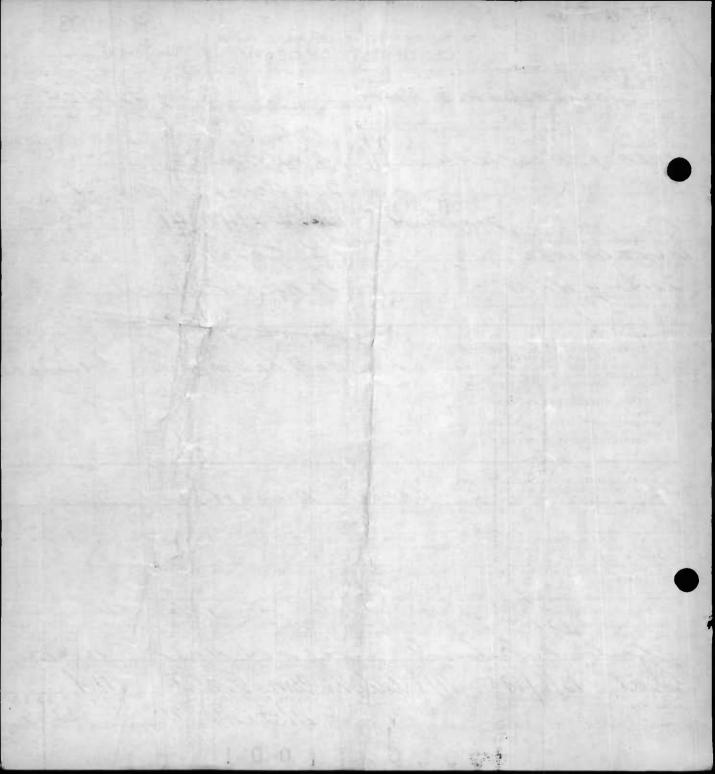
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52 11002

1	1 52 3	1008	BAL	TIMORE CITY HE	EALTH DEPARTMENT	U from the	0000
					E OF DEATH	Registered No	
ВІ	RTH NO.			CENTILICATI	E OF BEATH		
	NAME OF C					2. DATE	
		105=666	Daus	8 KAM		OF DEATH	2/52
	PLACE OF E	City, Maryland			4. USUAL RESIDENCE (W	here deceased lived. If in	before admission)
В.	FULL NAME	OF (If not in hospit	al or institutio	n, give street address or		B. COOKIT	before admission)
H	STITUTION			location)		outside corporate limits,	write RURAL and give
		CY HOS	0,50	4	BALTIMO	ore hop	township)
		1		Yrs.	D. STREET ADDRESS (If	rural, give location)	
C.	Length of s	tay in Baltimore)	Mos. Days	250 w. 65	V14-4-11	SX.
5.	SEX	6. COLOR OR RACE	7. SINGLE,	MARRIED.	8. DATE OF BIRTH	9. AGE (in years) If U	nder 1 Year If Under 24 Hours
	40	0	100	D. DIVORCED (Specify)	mas 21 1911	last birthday) Mont	hs Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of	108 KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign rountry)	2. CITIZEN OF
work	done during most	of working life, even if retired)		INDUSTRY	1	• •	WHAT COUNTRY?
	. FATHER'S			***	3. 66161	124	11.3.
	7	AVINE	4	Rualing	14. MOTHER'S MAIDEN NA	AME	/
	11ma	14 HAM			MARY	AYSON	/
(Yes	, was deceas	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADI	DRESS
	2						V
	18. 491	1x and 3	221	CAUSE	OF DEATH	VIII TO VIII T	INTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY				ONSET AND DEATH
	(This does	LEADING TO DEAT	TH of dving e g	whoh	ar Praum	4416.	11. 6
	heart failu	ire, asthonia, etc. It mea	ns the disease.			· · · · · · · · · · · · · · · · · · ·	/week
	injury of	complication which c	aused death.)	DUE TO			MOST
		ANTECEDENT CAUS	SES				
S	DISEASES	S OR CONDITIONS, II	F ANY, GIVING	(B)		***************************************	
Ē	RISE TO T	HE ABOVE CAUSE (A)	STATING THE	DUE TO			
S				(C)		••••	
ERTIFICATION		П					
F		IGNIFICANT CONDI					
CE	TO THE O	TO THE OEATH, BUT	NOT RELATED CAUSING IT.	Chron	v Alcohol.	16 has	
	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER			20. AUTOPSY?
₹							YES NO
EDICA	21A. ACCID	ENT WAS UNDER-	218. PLAC	E OF INJURY (e.g., in	or 21c. WHERE DID (I	f in Baltimore City, giv	
Щ	CAUSE OF	R CONTRIBUTING DEATH	about nome, in	m, factory, street, office bldg., e	tc.) INJURY OCCUR?		
2	21D. TIME	(Month) (Day) (Year)	(Hour) 2	1E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	OF INJURY			HILE AT NOT WHILE			
				WORK AT WORK			
		y certify that I att				12/2, 1952	
		live on 12/2	, 192 - a		red at 2:100 m., from th		
	23A. SIGNA	TURE	90	0 2	3B. ADDRESS		23c. DATE SIGNED
2.4	A RIIDIAL	CREMAN 24T DATE	ad ton	M. D.	MERCYH	0510	12/2/21
FIS	N, REMOVAL (S	CREMA- 24B. DATE	2 ~ 2	S. NAME/OF CEMETE	NT OR CHEMATORY 240. LO	CATION (City, town, or	county) (State)
1	urial	12/6/1	902/	11 / CUM	In Ulm Voa	110: 01	101
	TE RECEIVE		man 1/1/.//	. 11	25. FUNERAL DIRECTOR	. /. A	DDRESS 322 A
	SEO 4	1054	rule	allis Miss	mrs. Katiesk.	Willi) School .
	VS 150	TOR ME				- gans	Y.
	1		1-	02 ota			W.

correct age is expecially important. Physicians: please write the causes of death clearly and legibly.



52 11009 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) MARY C/am OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CLEY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS Mos. c Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 1 Year | If Under 24 Hours WIDOWED, DIVORGED (Specify y) Months: Days Hours: Min. Mac HILL CI 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., STATUS ASTHMATICUS heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES D.O.A. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES X 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH NIC 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from 1 - 30-52, 195, to 1 - 30-5219, that I last saw the deceased alive on 11-30-5 19 _ and that death occurred at 7:30 Pm., from the eauses and on the date stated above. 23c. DATE SIGNED . M. Walsh 11-30-52 BURIAL, CREMA- 248. DATE ZAA. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY 24D LOCATION (City) town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE VS 150

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BALTIMORE CITY HEALTH DEPARTMENT

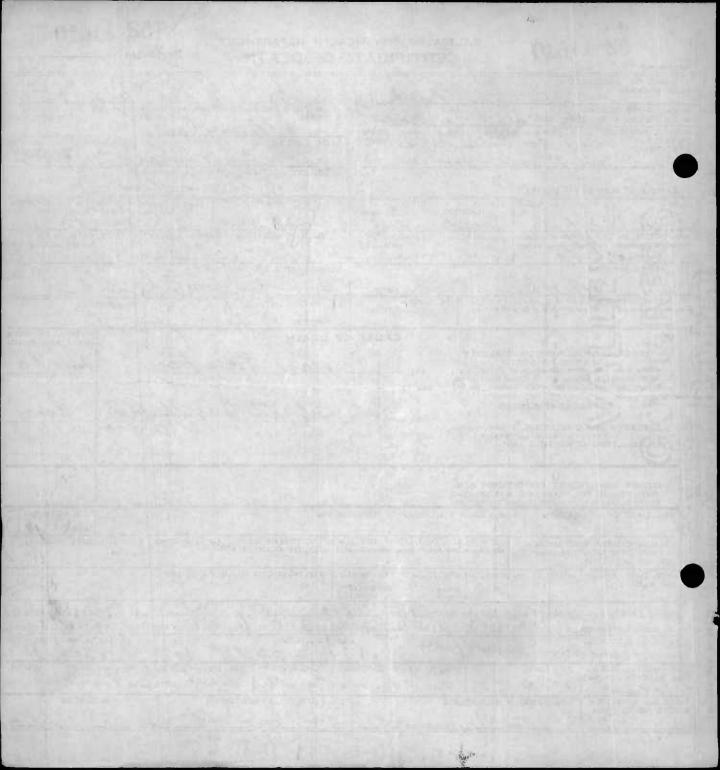
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Registered No.___ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland/ 400 A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR aged Jonena location) C. CITY OR TOWN outside corporate limits, write RURAL and give timor D. STREET ADDRESS, Of rural, give location) Yrs. Mos. 1400 Mr. Lestinglow c. Length of stay in Baltimore Days 5. SEX 8. DATE OF BIRTH 9. AGF (In venrs 6. COLOR OR RACE 7. SINGLE, MARRIED If lindar 1 Year If linder 24 Hams lest birthday) Months; Days Hours Min. WIDOWED, DIVORCED (Specify) 0 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME nesi 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. 332X INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO artemberta Carebolintola ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT 1950 to 22. I hereby certify that I attended the deceased from 11 , 195 Fthat I last saw the 1952 and that death occurred at 3.54 m., from the causes and on the date stated above. deceased alive on 12/1 23g. DATE SIGNED 23A. SIGNATURE 24C/NAME OF CEMETERY OR CREMATORY 24A, BURIAL, CREMA-TION, REMOVAL (Specify) new-fireedon Penna DATE RECEIVED BY LOCAL REGISTRAR

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Physicians:



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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BALTIMORE CITY HEALTH DEPARTMENT

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В	IRTH NO.			CERTIFICAT	E OF DEATH	registere	u 110.
1. (T	NAME OF DEC	DEASED	avid	Scheefer		2. DATE OF DEATH DO	c. 3, 1952
A. B.		ty, Maryland	al or institut	tion, give street address or		(Where deceased lived B. COUNTY	. If institution: residence before admission)
	OSPITAL OR ISTITUTION	2715 Easter	n Aven		Baltimore	9	mits, write RURAL and give
c.	Length of sta	y in Baltimore		Yrs. Mos. Days	2715 Eastern A		
1	sex e	white	WIDOV	E, MARRIED, VED, DIVORCED (Specify) Orced	8. DATE OF BIRTH Nov. 21, 1888	9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hours Min.
Re Re	A. USUAL OCC	UPATION (Give kind of	Baltim	ore City NDUSTRY	Baltimore, Mary		12. CITIZEN OF WHAT COUNTRY
13	Conra	d Schaefer			14. MOTHER'S MAIDEN	NAME	
15 (Ye	s, no or unknown)	EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Frederick Collig	mon, 52 Dun	ADDRESS kirk Road
7	injury or c	OR CONDITION LEADING TO DEA tot mean the mode to, asthenia, etc. It mes complication which	ns the diseas caused deatl	g., (A) MYO	of DEATH cardial Infar riosclerotic (94 10 0000	10 Min.
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)				Disease	3 Yrs?	
O	TRIBUTING TO THE DIS	II ENIFICANT COND TO THE DEATH, BUT EASE OR CONDITION OPERATION	NOT RELAT	ED	RATION		20. AUTOPSY?
EDICAL	21A. ACCIDE LYING OR CAUSE OF D	NT WAS UNDER. CONTRIBUTING		ACE OF INJURY (e. g., farm, factory, street, office bldg.,		(If in Baltimore Cit	YES NO X
	210. TIME (MOST INJURY	Ionth) (Day) (Year	(Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		RY OCCUR?	
	deccased alia	ne on Doc.		deceased from OC.	t. 5 , 1951, to rred at 7:15A. Mom 23B. ADDRESS 3023 Eastern	the causes and or	n the date stated above 23c. DATE SIGNED 12/3/52
Z TI	4A. BURIAL CR ON REMOVAL (Sp burial	248. DATE 12/6/52		St. Mathews C		ltimore,	Maryland (State)
	ATE RECEIVED OCAL REGISTR		'S SIGNAT	URE	Wm. Cook	1217 St.	Paul Street

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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

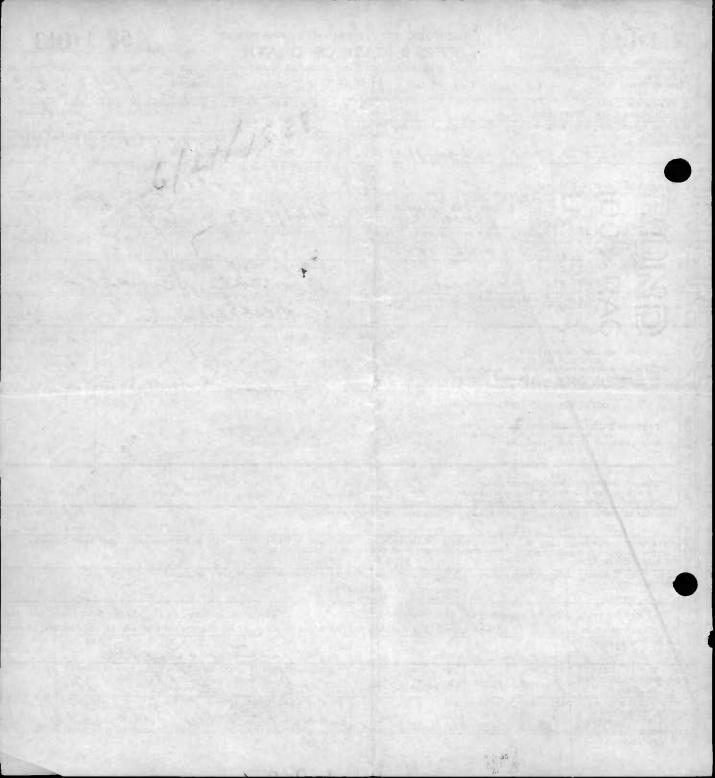
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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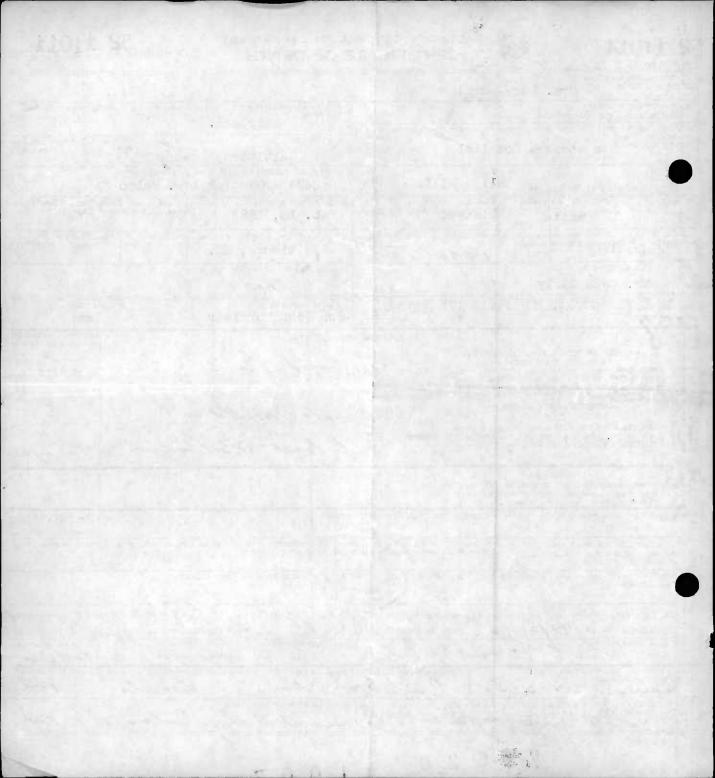
B	IRTH NO.	L OI DEMIN		
	NAME OF DECEASED Type or Print)	2. DATE Dec 2 - 3:00/1!		
A BHH legioly.	PLACE OF DEATH: Baltimore City, Maryland Do Jall 11- FULL NAME OF (If not in hospital or institution, give street address or ospital or institution, give street address or location) Yrs. Mos. Days SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) B. FATHER'S NAME	c. CITY OR TOWN (If outside corporate limits, write RURAL and grownship) D. STREET ADDRESS (If rural, give location) 8. DATE OF BIRTH 9. AGE (In years last hirthday) Months: Days Hours Minchest Country 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY		
1	LI.	14. MOTHER'S MAIDEN NAME		
TO CO	5. WAS DECEASED (EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT Little leater of the order		
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	Censine Cardio Vascular 1 yr Lens Cardio Vascular 5 yrs		
3 M	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
DICAL C	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?		
EDICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	n or 21C. WHERE DID (If in Baltimore City, give exact location)		
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?		
l a	22. I hereby certify that I attended the deceased from 1/2	20 - , 1962, to Dec D ., 1962, that I last saw the		
5		red at 3 A. m., from the causes and on the date stated above.		
27 05	23A. SIGNATURE & GULL HALL MD M.D. 2	38. ADDRESS North ave 23c. DATE SIGNED Dec 4-1962		
ם וד	AA. BURIAL, CREMA- ON, REMOVAL (Specify) DIC 5 1952 ATE RECEIVED BY OCAL REGISTRAR A 1050 REGISTRAR A 1050 A 105	19.01		
	vs 150	0 1 0 0 5		

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE HARRISON (Type or Print) WILLIAM OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland before (mission) A. STATE B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate lights, write RURAL and give C. CITY OR TOWN INSTITUTION SOUTH BALTO, GEN. HOSP BALTIMOKE D. STREET ADDRESS (If rural, give location) Yrs. Mos. E. 29th St. c. Length of stay in Baltimore Davs 7. SINGLE, MARRIED. 5. SEX 6. COLOR OR RACE 9. AGE (In years | H Under I Year WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. MARRIED 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? FIREMAN- RET. FIRE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WARTER HARRISON 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) SECURITY NO. CAUSE OF DEATH 470.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the discase, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20 AUTOPSY 2 IB. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from , 19 32 to 206 -3 - , 19 32 that I last saw the deceased alive on Dec 3 - , 1952, and that death occurred at \$.53 am., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24D. LOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) DATE RECEIVED BY 25 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



BALTIMORE CITY HEALTH DEPARTMENT

	LIUE	4		CERTIFICATI	E OF DEATH	Registered	No TIONA
_	NAME OF D	FCEASED				1	
(2	Type or Print)	Mrs. Mar	y Morh:	lser		OF 12/	/2/52
	Baltimore (City, Maryland			4. USUAL RESIDENCE (W	D COLINITY	f institution: residence before admission)
	FULL NAME OSPITAL OR	OF (If not in hospit	al or institut	ion, give street address or		•	1/
11	STITUTION	Bon Secours H	ospita	location)	c. CITY OR TOWN (If Baltimore	outside corporate limi	ts write ROMAL and give township)
C	Length of s	tay in Baltimore	all of	Yrs. Mos.	D. STREET ADDRESS (If a 2434 Frederic		23
	SEX	6. COLOR OR RACE	7. SINGLE	Days , MARRIED,	8 DATE OF BIRTH	9 ACE (In veare	H linder Year H linder 24 House
	F	white	#1569A	FD-DIVORCED (Specify)	Feh. 13, 1883	las grthday) M	onths Days Hours Min.
wor	A. USUAL OC k done during most HOUSEW	CUPATION (Give kind of Forking life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	Baltimore, Md		12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME			14. MOTHER'S MAIDEN NA	ME	
		Owen Curly			ANNIE		
15 (Ye	a, no or unknown)	ED EVER IN U. S. ARMED (If yes, give war or dated	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Son John Morhise		ADDRESS Same
ERTIFICATION	heart failu injury or DISEASE: RISE TO T UNDERLY	LEADING TO DEAT not mean the mode of re, asthenia, etc. It mean complication which complication which complication which complication which complication which complication which complitions, is the above cause (A) ring condition LA	f dying, e. g ns the diseas aused death ES ANY. GIVIN STATING TH	(B) Des	longed Shock Lets Mello footmal OBs	free	8 4 Lays-
CEF	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D			
AL:	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDICAL	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., in arm, factory, street, office bldg., e	a ar 21c. WHERE DID (Istc.) INJURY OCCUR?	f in Baltimore City,	give exact location)
2	2 ID. TIME OF INJURY	(Month) (Day) (Year)	V	21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?	Shering
	22 I hough		m.	WORK LAT WORK L	1/62-10- 12	2/2/53	
	deceased al	ive on 142/2 L	. 19	deceased from 12 and that death occur	red at 5 40 Am, from th	ie causes and on t	_, that I last saw the the date stated above.
	23A. SIGNA	ohn E	ano	M. D.	3B. ADDRESS	come	23c. DATE SIGNED
	ON, REMOVAL (S	1 17-3-	-5×	Cathedra	RY OR CREMATORY 24D. LC	Ball	A A
	ATE RECEIVE DCAL REGIST DFC 4 - 1			illiams, Mitt	Seoged Farly	, - Catore	selly ml.
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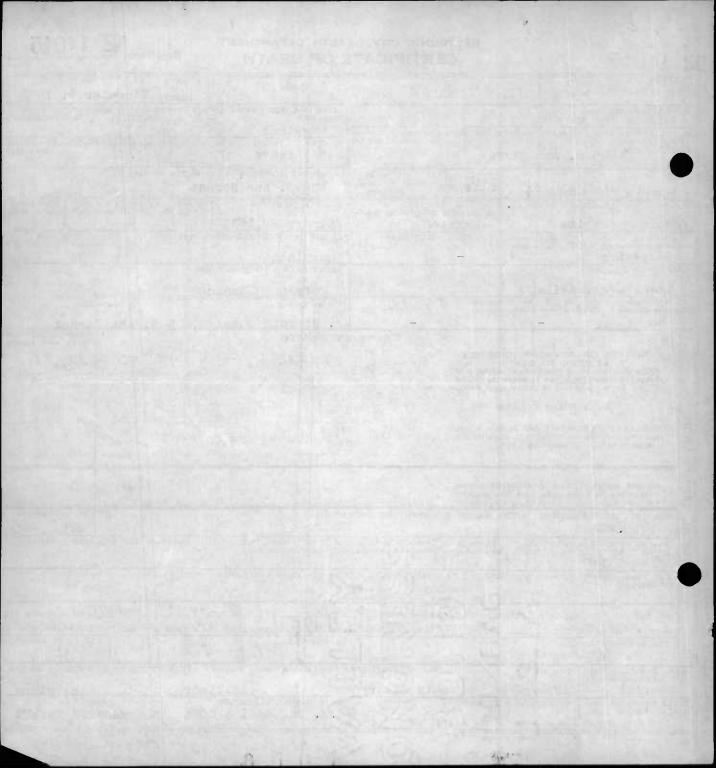


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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	CERTIFICATI	E OF DEATH	egistered No					
1. NAME OF DECEASED (Type or Print) ROSE	GUTENKO	2. DAT OF DEA	Dana-ha- 7 3000					
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where dece	eased lived. If institution: residence COUNTY before admission)					
	astitution, give street address or location)		or borate limits write RURAL and give					
INSTITUTION 409 S. Ann Street		Baltimore	orborate limits write RURAL and give township)					
	Yrs.	D. STREET ADDRESS (If rural, giv	e location)					
C. Length of stay in Bastimore	ife Mos. Days	409 S. Ann Street						
W	INGLE, MARRIED.	last	(In years If Under Year If Under 24 Hours Min.					
Female White	Married KIND OF BUSINESS OR	January 22,1903 40	intry) 12. CITIZEN OF					
work done during most of working life, even if retired) Housewife	INDUSTRY	Maryland	WHAT COUNTRY?					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1 00%					
Frank Szczepaniak		Maryanna Bandoch						
15. WAS DECEASED EVER IN U. S. ARMED FORC (Yes, no or unknown) (If yes, give war or dates of services)	security No.	17. INFORMANT	ADDRESS					
No -		Mr. Sigmund Gutenko 409	9 S. Ann Street					
18. 443 X I		OF DEATH	ONSET AND DEATH					
LEADING TO DEATH (This does not mean the mode of dyir	g, e. g., (A)	REBRAL HEMORRIS	1AGE 12/3/52					
heart failure, asthenia, etc. It means the injury or complication which caused	disease, death.) DUE TO							
ANTECEDENT CAUSES								
Z DISEASES OR CONDITIONS, IF ANY	GIVING (B)							
RISE TO THE ABOVE CAUSE (A) STATE UNDERLYING CONDITION LAST.	NG THE DUE TO HYP	PRTENSIVE CARDIO-	NASCULAR ???					
U. D.	(C)	\$13845R						
DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STATE UNDERLYING CONDITION LAST.								
TO THE DISEASE OR CONDITION CAUS	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION 19B. M	AJOR FINDINGS OF OPER	RATION	20. AUTOPSY?					
	B. PLACE OF INJURY (e. g., I t home, farm, factory, street, office bldg.,		timore City, give exact location)					
LYING OR CONTRIBUTING About	t nome, farm, factory, street, omce bidg.,	THOURY OCCURY						
21D. TIME (Month) (Day) (Year) (House OF INJURY			R?					
	m. WORK AT WORK		2 0					
deceased alive on Dec. 3, 19		VG. 13, 1952 to Dec. 3	3, 1952, that I last saw the					
234 SIGNATURE	23c, DATE SIGNED							
preph Fr. Sneuga		2098 thetel for	12/4/52					
Z4A. BURIAL, CREMA- TION REMOVAL (Specify)	24C. NAME OF CEMETE		N (State) / (State)					
Burial 12/6/52 DATE RECEIVED BY REGISTRAR'S SIG	Holy Rosary	Baltimore Balt	Maryland ADDRESS					
LOCAL REGISTRAR	1//111 . 12 725		1808 EASTERN AVENUE					
VS 150	1	Che A	elant.					
1 9	5 2 0 1	Thomas V.	- ware					



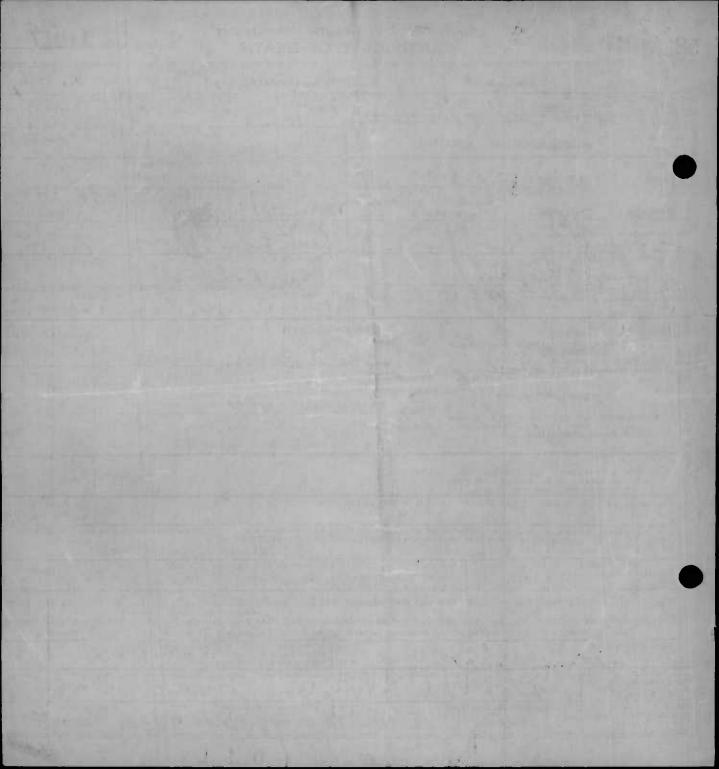
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BALTIMORE CITY HEALTH DEPARTMENT

16	TION	MLB. 1650	107	CERTIFICAT	E OF DEAT	Н	Register	ed No	T. 1. (VERIO)	
	NAME OF D		771				0.00			
	ype or Print)	Joseph Rie	and man				2. DATE OF	12-3-	52	
	PLACE OF D Baltimore (sserman		4. USUAL RESIDENCE (Where deceased lived. If institution peridence A. STATE B. COUNTY before admission)					
	FULL NAME			ion, give street address of	Maryland					
	STITUTION	Baltimore Ci		pitals dealer.	C. CITY OR TOWN (If outside comporate limits, white RURAL and give township)					
-		4940 Eastern	AVO	Yrs.	Baltimore D. STREET ADDRESS (If rural, give location)					
	Langth of s	tay in Baltimore	T.	Mos.		306 Folcroft St				
	SEX	6.COLOR OR RACE		LIO Days E, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) # Under 1 Year If Under 24 Hours					
Male		White	Married (Specify)		July 17,	ly 17, 1905 last birthday) Months Days Hou			Days Hours Min.	
work	A. USUAL OC done during most	CUPATION (Givokind of of working life, even if retired)	10B. KINI	O OF BUSINESS OR INDUSTRY					CITIZEN OF WHAT COUNTRY	
Ordnance Supervisor U. S. Government					Maryland					
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN NAME					
	Jose	ph Rieselman			Rose Damesyn					
(Yes	. WAS DECEASI	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	Records Baltimore City Hospitals					
	18. 4	\	OF DEATH	DE DEATH INTERVAL						
	DISEASE OR CONDITION DIRECTLY								DNSET AND DEATH	
	(This does not mean the mode of dying, e.g., (A) Myocardial Infarction								3	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO									
	ANTECEDENT CAUSES									
Z									4 -	
은	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO									
Y	UNDERLYING CONDITION LAST. (C)									
F										
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CON-									
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
	19A. DATE C	ATION				20. AUTOPSY?				
DICAL									YES NO X	
EDIC	2 21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?								exact location)	
		(Month) (Day) (Year)	(Hour)	21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?						
	MHILE AT NOT WHILE AT WORK AT WORK									
	22. I hereby certify that I attended the deceased from 11-18-, 19 520 12-3-, 19 52that I last saw the									
	deceased alive on 12-3, 19 52 and that death occurred at 9:10 m, nom the causes and on the date stated above									
	23a. SIGNATURE 123c. DATE SIGNED									
		the later	ley.	м. р.	4940 Easter				12-3-52	
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (County) (State)										
Burial 12/9/52 Sacred Heart Balt DATE RECEIVED BY REGISTRAR'S SIGNATURE 125. FUNERAL DIRECTOR									Maryland	
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR N.F. SADOWSKI & SONS, 1808 EASTERN AVENUE										
	VS 150	444	0	00001	(1)		1	1	7	
1 9 5 29 8 91 Jakolo W. Kilonsla.										

to a lawy and the suit Stement of the 81.4

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 11047 CERTIFICATE OF DEATH 2. DATE OF November 30, 1952 NAME OF DECEASED (Type or Print) NARCISSUS 3. PLACE OF DEATH:
A. Baltimore City, Maryland Auth 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission) f not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR location) (If outside corporate limits, write PULA) and give C. CITY OR TOWN Johns Hopkins Hospital township) Baltimore legibly D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1206 E. Madison Street c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years If Under I Year If Under 24 Hours Logt bythday) Months Days Hours Min. and WIDOWED, DIVORCED (Specify Female Colored mound 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR ork done during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME death 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Asphyxiation due to carbon monoxide heart failure, asthenia, etc. It means the disease, xxxxxx poisoning injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS INJURY OCCUR? UNDERLYING I OR CONTRIB. UTING | CAUSE OF DEATH. Garage 1818 Rutland Avenue 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Found slumped over in car 8:05 Pm. Found: inquiry thereon and from 22. I certify that I took charge of the remains described above, held an inspection & Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \(\Boxed{\opinion}\), accident \(\Boxed{\opinion}\), suicide \(\Boxed{\opinion}\), homicide \(\Boxed{\opinion}\), undetermined \(\mathbb{X}\). 23A, SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23c, DATE SIGNED ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY! 24D_LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR V S 151 N 968.0



grace 14-7-52 Alitel Com Loling Int.

	7.00
	2 11019
1	BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 11019

BIRTH NO.				
1. NAME OF DECEASED HELE	N J. ROSE		2. DATE OF DEC.	4' 1952
a. Baltimore City, Maryland	V	4. USUAL RESIDENCE A. STATE May lan	CE (Where deceased lived, If B. COUNTY	institution : residence before admission)
	al or institution, give street address or location) Ballimou		(If outside corporate limits	RORAL and give township)
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS	(If rural, give location)	
Female White	WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		Under I Year If Under 24 Hours nths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Houle Wife	10B. KIND OF BUSINESS OR INDUSTRY	Vîrgini		12. CITIZEN OF WHAT COUNTRY?
Elbert Smith		To lbert	EN NAME	
15. WAS DECEASED EVER IN U. S. ARMEI (Yes, no or unknown) (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	Al	DDRESS
(This does not mean the mode of heart failure, asthenia, etc. It means in jury or complication which of the complication of the complete compl	FANY, GIVING STATING THE UTIONS CON- NOT RELATED	penton Hera	eal Noma??	
	9B. MAJOR FINDINGS OF OPER	ATION OL	11	20. AUTOPSY?
Nov. 14 19523	Tyman cells in	ascilic 7/4		YES NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21a. PLACE OF INJURY (e. g., is about home, farm, factory, street, office bldg.,		(If in Baltimore City, a	give exact location)
210. TIME (Month) (Day) (Year)F INJURY	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK	ED 21F. HOW DID IN	NJURY OCCUR?	
	tended the deceased from 11	rred at 6-30. Am., fr	rom the causes and on th	ne date stated above.
	Storky M.D.	Woman's Ho.	spital Baltimore	12-4-52
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	52 HILLSVILL	E	14, LLS VI LLE,	
DATE RECEIVED BY LOCAL REGISTRAR	ington Williams, My	25, FUNERAL DIRECT	AC., 1217	ST. PAUL ST
VC 15000	/			

The war with a first

20 years

PETTO SHEET YES

(If in Baltimore City, give exact location)

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS Nov. 26, 1952

11 OTHER SIGNIFICANT CONDITIONS CON-

> OPERATION 21c. WHERE DID

21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER. about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH

21D. TIME (Month) (Day) (Year) (Hour) F INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE WORK

22. I hereby certify that I attended the deceased from_

.. 1952, and that death occurred at 1020 am., from the causes and on the date stated above, deceased alive on Dec. 3

23A. SIGNATURE

24B. DATE

3 , 1952 that I last saw the 1952 to Dec.

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)

DATE RECEIVED BY LOCAL REGISTRAR

CA

TRAR'S SIGNATURE

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

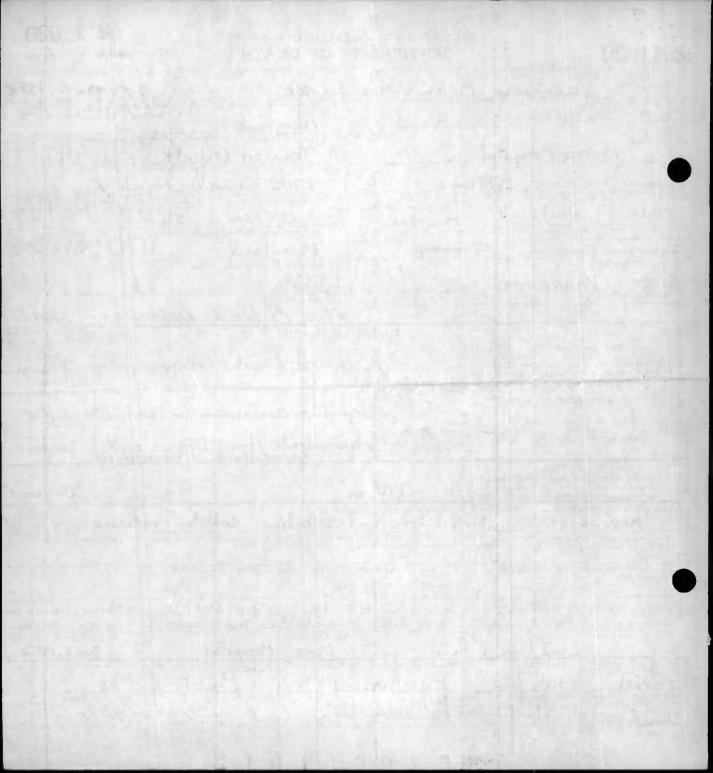
23c. DATE SIGNED Dec. 3, 1952

20. AUTOPSY

REGIS 25. FUNERAL

VS 150

ADDRESS



5 3 5

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 11021 Registered No.

BIRT	TH NO.						
	AME OF De or Print)			W. 77.		2. DATE OF	1 2040
	LACE OF D	EATH:	en ton,	William O.	4. USUAL RESIDENCE (Where deceased lived, In B. COUNTY	f institution: residence before admission)
	JLL NAME	City, Maryland	el or inetitut	tion, give street address or	Marvland	B. COUNTY	> before admission)
HOS	PITAL OR			location)		f outside conforate limi	ts, write RURAL and give township)
- 1		St. J	oseph1	s Hospital.	Baltimore		
				Yrs. Mos.	D. STREET ADDRESS (II	f rural, give location)	
		tay in Baltimore		65 Yrs. Days	1015 McAleer		
5. SI	EX	6. COLOR OR RACE	7. SINGL	E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last hirthday) M	onths: Days Hours Min.
Ma	ale	White		ried	Jan.14th.1883	69	IO 20
work do	me during most	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or 1	foreign country)	12. CITIZEN OF WHAT COUNTRY
	Supervi		Cab C	ompany	Maryland		U.S.A.
	John R.				14. MOTHER'S MAIDEN N	IAME	
					Ida Cheshey		
15. \ (Yes, n	WAS DECEAS to or unknown)	ED EVER IN U. S. ARMEI (If you, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	-	ADDRESS
	No	None		3	Mr.Oliver C.Be	nton-2027 Ker	nnedy Ave.
CERTIFICATION	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Generalized arteriosclerosis DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED						
	9A. DATE	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION	THE WA	20. AUTOPSY?
MED	LYING OCAUSE OF	DENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year)	about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	(c.) INJURY OCCUR?	(If in Baltimore City,	
	OF INJURY		m.	WHILE AT NOT WHILE			
1	22. I hereby certify that I attended the deceased from December 4, 1952 to December 4, 1952 that I last saw the deceased alive on Dec. 4, 1952, and that death occurred at 7:05 am., from the causes and on the date stated above 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED						
TION	REMOVAL (Dec.8,I		Baltimore Cen		North Avenue	
	E RECEIVE		: 1	Williams M.	35. FUNERAL DIRECTOR George J.Ruth, In	c1735 Har	ford Avenue
that the	VS 150	289. 1	0	20			
1		, b	A Property	2905	7		

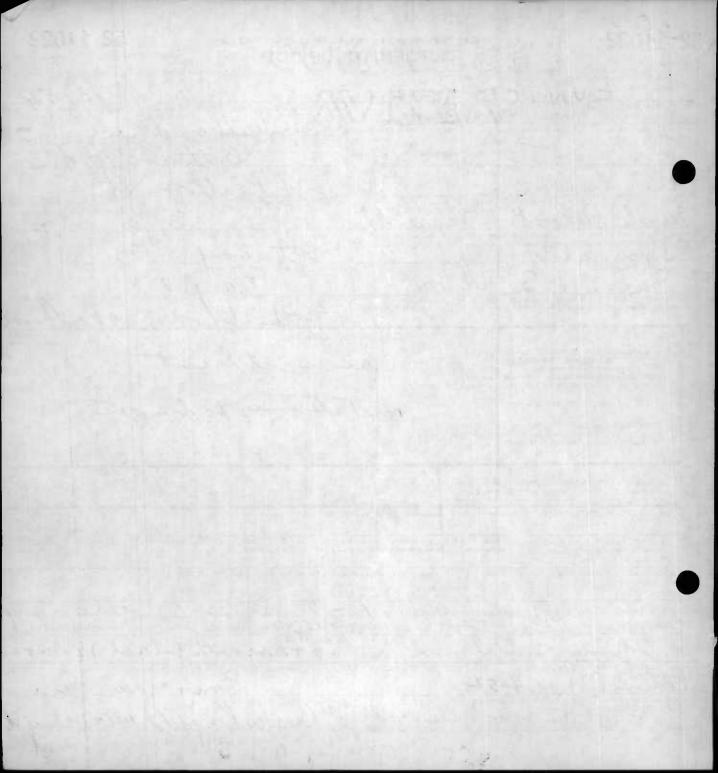
· . MUSEUM STREET The little in the second of th THE RESERVE OF THE PROPERTY OF THE PARTY OF

11	3	0	0
25	-1	10	22

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

59 44000

PK	Tiuss		ALIH DEPARIMENT		THUES
В	IRTH NO.	CERTIFICATI	E OF DEATH	Registered No.	
	NAME OF DECEASED (Type or Print) EUNIICE	REID		OF DEATH 12	13/50
	PLACE OF DEATH: Baltimore City, Maryland 844	Bertlan	4. USUAL RESIDENCE (W	here deceased lived. If its	titution: residence before admission)
H	FULL NAME OF (If not in hospital or institu	tion, give street address or location)	834 Deulls	outside corporate limits,	-06
11	ISTITUTION	A	Bo	Iture of	township)
C	Length of stay in Baltimore	2 Yrs. Mos. Days	b. STREET ADDRESS (If	rural give location)	-
	SEX 6. COLOR OR RACE 7. SINGL	E, MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH	last birthday) Month	er l Year If Under 24 Hours as Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of 10B, KIN k done diving most of working life even if retired)	D OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country 12	. CITIZEN OF
_	Monestee	INDUSTRY	Nottawa	y Va	WHAT COUNTRY?
13	S. FATHER'S NAME S OF	(men)	14. MOTHER'S MAIDEN NA	ME 2	
1: (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 4. no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17, INFORMANT //	ADD ADD	RESS //
		SECORITI NO.	mattee 4	ver 834	Bertlom
	18. 170 X I		OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(10	and the	1 th	
	(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea injury or complication which caused deat	se,			
	ANTECEDENT CAUSES	n.) DOE 10	-61	o fugete	
Z		(B) Mel	My Como To	o kupple	
E	DISEASES OR CONDITIONS, IF ANY, GIVE RISE TO THE ABOVE CAUSE (A) STATING T UNDERLYING CONDITION LAST.				
RTIFICATION		(C)		•••••••••••••••••••••••••••••••••••••••	
TIF	OTHER SIGNIFICANT CONDITIONS CO				
CER	TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	ED			
		R FINDINGS OF OPER	ATION		20. AUTOPSY?
CA	212 8	ACE OF INJURY (e.g., id	- 1 210 WHERE DID. (I	6 in Dalainan Cia	YES NO
MEDICAL	LYING OR CONTRIBUTING about home.	farm, factory, street, office bldg., e	or 21c. WHERE DID (I INJURY OCCUR?	f in Baltimore City, give	exact location)
	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURRI		OCCUR?	HEATE.
	22. I hereby certify that I attended the		- 8 1952 to /	2-3 ,1952 t	hat I last saw the
	deceased alive on 12-3, 1932	and that death occur	red at 5.45Pm., from th	he causes and on the	date stated above.
	23A. SIGNATURE 2. ad	am 1 2	38. ADDRESS 2 9 27 M. W.	the Bullohed"	12 - 4- 5-2
2	BURIAL, CREMA- 24B, DATE	24C. NAME OF CEMETE		OCATION (City, town, or	county) (State)
1	terupral her 4-34		60	ntoria	Va.
L	ATE RECEIVED BY REGISTRAR'S SIGNAT	URE MID	25. FUNERAL DIRECTOR	D/ AI	DDRESS
=	JEU 4 Ball Juntington 1	mann, my	V Nooks /u	199Kd 146	3 / Cure of
	VS 150	F 1702 ort	AIDIE		1
	1	4 600 / 19			



BALTIMORE CITY HEALTH DEPARTMENT Registered 82 11023 CERTIFICATE OF DEATH 2. DATE NAME OF DECEASED (Type or Print) NANNTE RAWLINGS December 4, 1952 L DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write HURAI and give INSTITUTION Lutheran Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 3301 Hayward Avenue c. Length of stay in Baltimore Days 6.COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | ff Under | Year | ff Under 24 Hours | last birthday) | Months | Days | Hours | Min. 5. SEX WIDOWED, DIVORCED (Specify) White Female Aug. 24, 1868 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 12. CITIZEN OF WHAT COUNTRY work done during most of working life, even if retired INDUSTRY Frederick County, Md. at home housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. (Yes, no or nnknown) Mrs. Bertha Rawlings, 3422 Virginia Ave. none no INTERVAL BETWEEN Fr. 812.0 CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Crushed chest heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DXXXXX ANTECEDENT CAUSES Fracture of left humerus & left clavicle DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-Arteriosclerotic cardiovascular disease TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY' 19A. DATE OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office hidg., etc.) 21A. EXTERNAL CAUSE WAS UNDERLYING A CONTRIBUTING CAUSE OF DEATH. INJURY OCCUR? Hayward Avenue and Maple Street Street 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NOT WHILE OF INJURY Pedestrian struck by truck Dec. 8:25 A .m. 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes [], accident Z, suicide [], homicide [], undetermined []. 238, CHIEF MEDICAL EXAMINER ... ASSISTANT MEDICAL EXAMINER ... 23C. DATE SIGNED MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-42. NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county)

legibly.

clearly

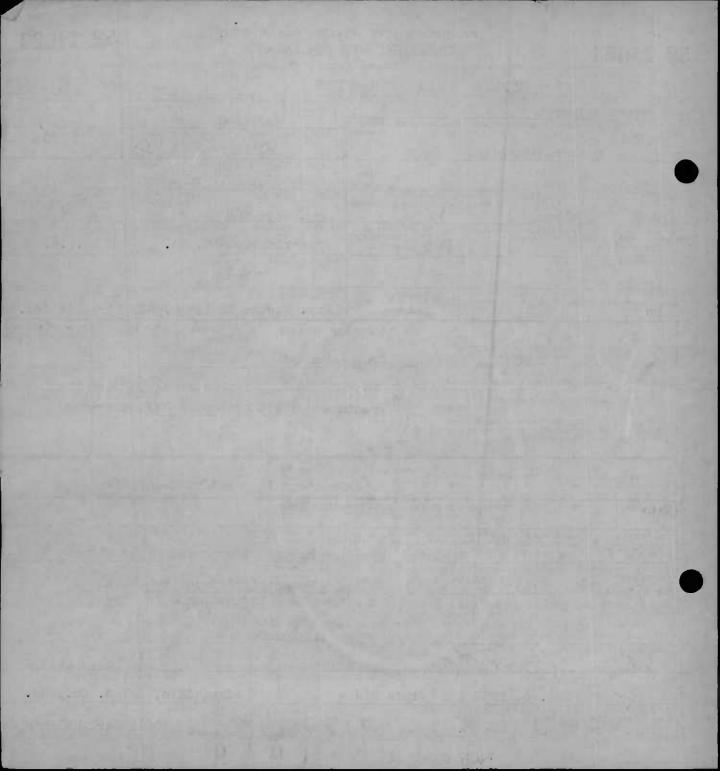
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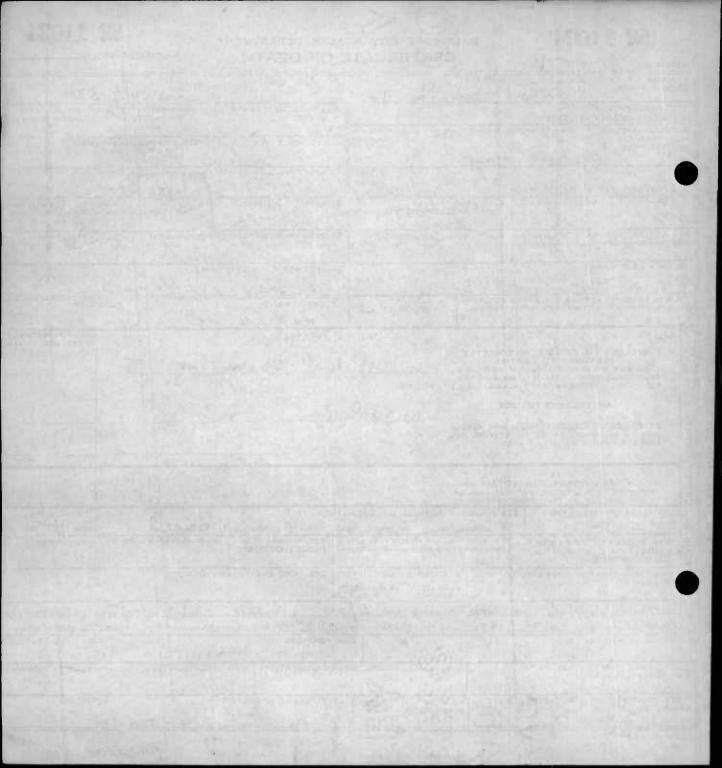
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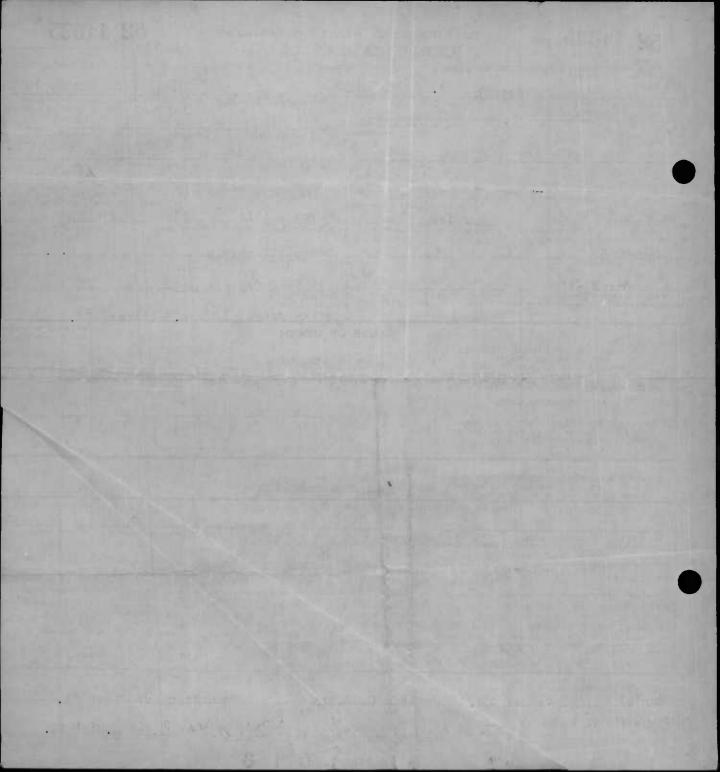
Pikesville, Balto. Co., Md. Druid Ridge Burial Dec. 6, 1952 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR 1 man Xemmon

4611 Park Heights Av



-530		X		
52 11024 BALTIN	AODE CITY HEALTH D		52	11024
na la CE	MORE CITY HEALTH DE ERTIFICATE OF D		Registered No	
BIRTH NO. // 1. NAME OF DECEASED				
(Type or Print) Rishert Smi	Th Jr	2. DA	OF 12/3/5	2
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. STATE		ceased lived. If institution. COUNTY	ution: residence before admission)
B. FULL NAME OF (If not in hospital or institution,) HOSPITAL OR	give street address or location) C. CITY OR	R TOWN (If outside	corporate limits, writ	to DUDAT and admi
Institution University Hosp.	3. 3111 3.	Frederah.	Ind	township)
	Wes. D. STREET	ADDRESS (If rural, gi	ve location)	
5. SEX 6. COLOR OR RACE 7. SINGLE, M.	4 Days 46	.5 W Sou	th 1x	
The second of th	ARRIED. (Specify) 8. DATE OF	F BIRTH 9. AG last	E (In years If Under 1 t birthday) Months	Year If Under 24 Hours Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	BUSINESS OR II. BIRTHP	PLACE (State or foreign co		TIZEN OF
13. FATHER'S NAME	In	CR'S MAIDEN NAME		
Robert Les lowish So	B a	RS MAIDEN NAME	R. 10	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no or unknown) (If yes, give war or dates of service)	SOCIAL 17. INFORM	MANT /	ADDRE	ss
	SECURITY NO. 19 sher	the Sm	The Si	
18. 570.3	CAUSE OF DEATH	4		NTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Quetostino	Obstruction		
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO	CBSHACITM		
ANTECEDENT CAUSES				
z	(B) Volvulus			***************************************
RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO			
O D D D D D D D D D D D D D D D D D D D	(¢)			***************************************
OTHER SIGNIFICANT CONDITIONS CON-				
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
194. DATE OF OPERATION 198. MAJOR FIN	NDINGS OF OPERATION	· · · P		20. AUTOPSY?
21a. ACCIDENT WAS UNDER. 21B. PLACE	OF INJURY (e. g., in or 1 21c. WH		ltimore City, give er	YES NO
LYING OR CONTRIBUTING about home, farm, for		OCCUR?	common ordy, give co	tact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. OF INJURY	INJURY OCCURRED 21F. HO	OW DID INJURY OCCU	R?	
m. WHILE	K AT WORK			
22. I hereby certify that I attended the dece	eased from 11/30	, 19.52, to Z P m., from the caus		t I last saw the
deceased alive on 12 3 , 1952, and	that death occurred at 1	m., from the caus		
David - R-Taxi				DATE SIGNED
	NAME OF CEMETERY OR CREMA		N (City, town, or cou	inty) (State)
Raman		hura		DE 66
DATE RECEIVED BY REGISTRAR'S SIGNATURE	LULL, M.S. 25. FUNERA	AL DIRECTOR	1.	RESS
JEC vs 150	1 /// /	16 MA MAN	2 + son	/ /
	- 00011	017	Freder	2. md



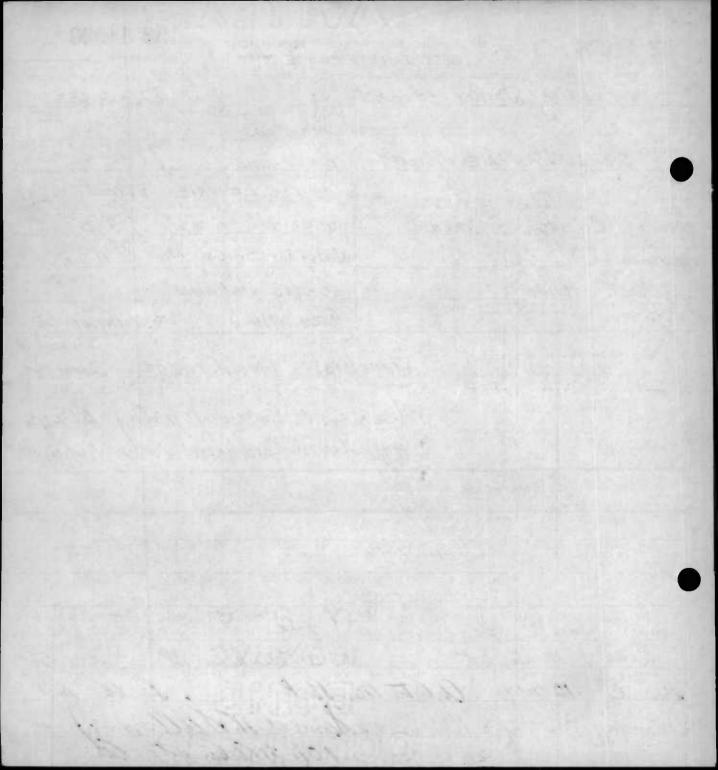


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BALTIMORE CITY HEALTH DEPARTMENT

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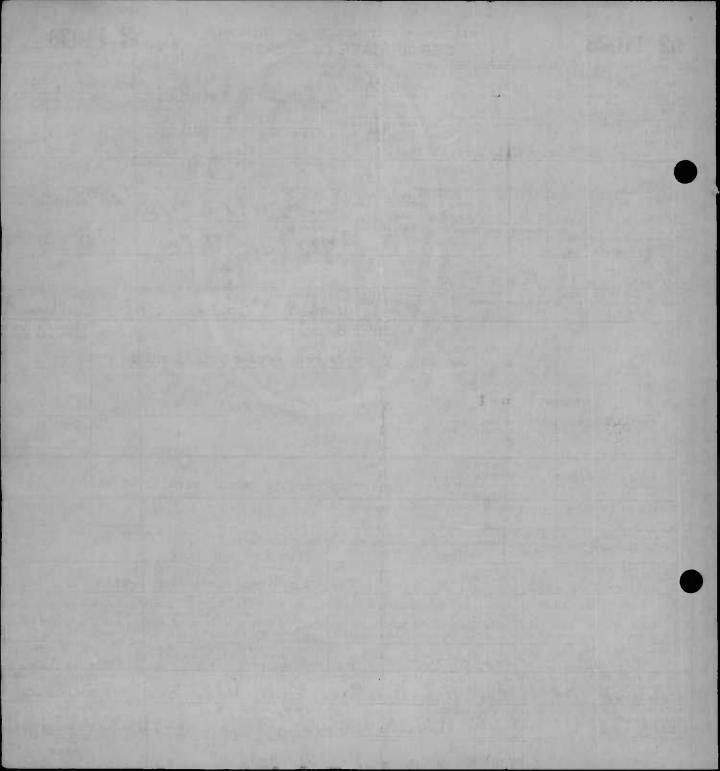
BIRTH NO. CERTIFICA	TE OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) Beatrice Walker Stewar	
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR locatio	
INSTITUTION DOIL W. LANVALE Street	township)
DOIL VO. LANDVAIE SCIECE	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore	and and audals street
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years) Il Under I Year If Under 24 House
FEMALE COLOYED WIDOWED, DIVORCED (Special MARRIED) 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	June 1, 19/6 last birthday) Months Days Hours Min. 5 3 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, even if retired) INDUSTF	
HOUSEWIFE 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ERNEST HILEN	Betty HOLLAND
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO	17. NFORMANT ADDRESS
No	Percy Allen 718 N. Payson St.
18. 447 X CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase,	chral Hemorrhage Several Hars.
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	tensive Encephalopathy 3DAys
DISEASES OR CONDITIONS, IF ANY, GIVING	Consider and and as mys
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	extensive - Cardio-Renal Disease Un Known
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OP	ERATION 20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bld	, in or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUP OF INJURY NOT WHILE AT NOT WHILE	
m. WORK L AT WOR	K 🗀
22. I hereby certify that I attended the deceased from	17 , 1957, to 160. 4 , 1957, that I last saw the
23A SICHATURE	urred at 7.354.m., from the causes and on the date stated above.
Richard H. Hest	163111). Haullin St. 12-4-52
TION, REMOVAL (Specify)	TERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR DADRESS
ULC 5-1050 Huntington Williams W.	Samuel IV. Ollluran 108
VS 150 304	101 10 10 of the
1 9 5 2 0	10/1 of blokengton live



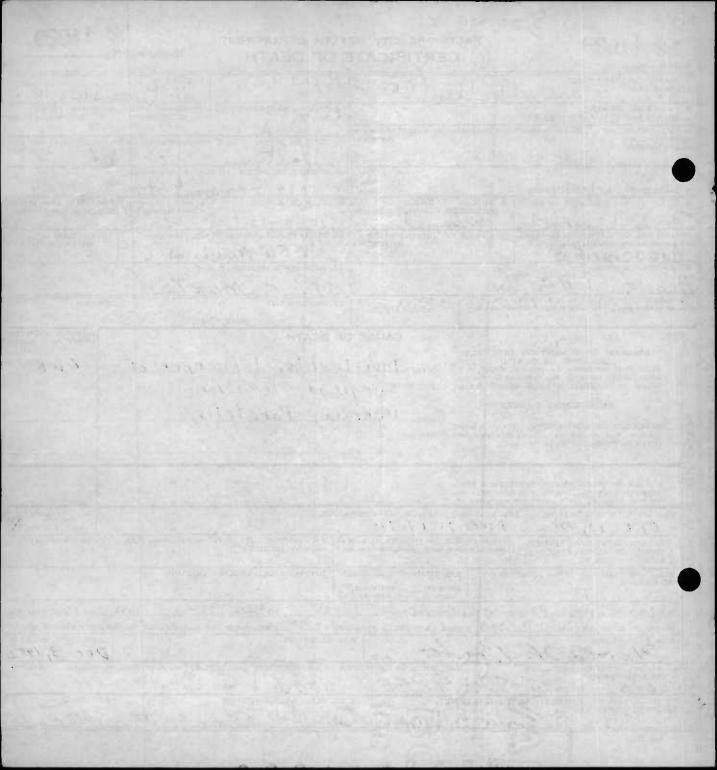
52 11027 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE GOODMAN (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF (If outside corporate limits, write RURAL and give sental C. CITY OF INSTITUTION (If rural, give location) Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 6. COLOR OR BACE 7 SINGLE MARRIED 9. AGE (In years) It Under 1 Year last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) marrie 10A. USUAL OCCUPATION (Give kind of BUSINESS OR 10s. KIND OF 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of working life, even if retired) WHAT COUNTRY Drocer W. S. F. usenes 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS /7/5 (Yes, oo or onkoown) (If yes, give war or dates of service) SECURITY NO. 18. CAUSE OF DEATH 491X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE 26 ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 21c. WHERE DID 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE ATT WORK 22. I hereby certify that Lattended the deceased from 12/4/52 19_, to_ 1244(5219 that I last saw the 2 and that death occurred at 901 pm., from the causes and on the date stated above. deceased alive on_ 23c. DATE SIGNED 23A. SHATURE URIAL, CREMA-REMOVAL (Spicify) ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE VS 150

THE PERSON NAMED INTO A PARTY OF THE PERSON NAMED IN THE SECTION STORY STORY ST

Registered No. 11028 BALTIMORE CITY HEALTH DEPARTMENT 11028 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) HUMPHRY HUMPHREYS December 3, 1952 HATTIE DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore City Hospitals Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 2716 Spellman Road c. Length of stay in Baltimore Days 9. AGE (In years | H Under 1 Year | H Under 24 Hours | Months Days | Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED Female Colored 12. CITIZEN OF 1. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR clearly work done during most nf warking life, even if retired) INDUSTRY MHAI COUNTRY 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. causes 917.0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Third degree burns of right thigh heart failure, asthenia, etc. It means the disease, XXXXXXXX injury or complication which caused death.) ANTECEDENT CAUSES Gangrene of right foot DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) H OTHER SIGNIFICANT CONDITIONS CON-Arteriosclerotic cardiovascular disease TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB-UTING CAUSE OF DEATH. INJURY OCCUR? about home, farm, factory, street, nffice bldg., etc.) 2716 Spellman Road Home 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE Sustained burns from heating pad November 6, 1952 WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [, accident K, suicide [, homicide [, undetermined [... 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER...... 23c, DATE SIGNED BURIAL, CREMA 4d NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) HON, REMOVAL (Specify) CLA UNERAL DIRECT DATE RECEIVED BY REGISTRAR'S SIGNATURE DEL BEGISTRAR VS 151



VS 150



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH MLB. 164223 I. NAME OF DECEASED (Type or Print) Anna Marshall 3. PLACE OF DEATH: 4. USUAL RESIDENCE (V A. Baltimore City, Maryland A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore ity Hospitals location) Maryland HOSPITAL OR C. CITY OR TOWN 4940 Eastern Ave Baltimore

Registered 1	2 11030
2. DATE OF DEATH 11	-28-52
here deceased lived. If B. COUNTY	
outside corporate limit	ts, write RURAL and give township)
rural, give location)	
9. AGE (In years last birthday) Mo	If Under 1 Year on this Days Hours Min.
oreign country)	12. CITIZEN OF WHAT COUNTRY?
AME	
ty Hospital	DDRESS
	INTERVAL BETWEEN ONSET AND DEATH
•••••	5 min.
	Voore
ioVascular	Years
	20. AUTOPSY?
f in Baltimore City,	give exact location)
OCCUR?	

Yrs. D. STREET ADDRESS (If Mos. 1608 Linden Ave c. Length of stay in Baltimore 50 yrs Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH Female White Widowed Jan 1, 1877 IOA. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or fo 108, KIND OF BUSINESS OR work done during most of working life, even if retired) Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NA Albert Stoker 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) SOCIAL SECURITY Records: Baltimore 16. SOCIAL 18. CAUSE OF DEATH 20.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Myocardial Infarction heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) Arterio Sclerotic Card ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO Disease RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ū TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION EDICAL 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY 19 52to 11-28-10-19-_, 19_52 that I last saw the 22. I hereby certify that I attended the deceased from. 19 52, and that death occurred at 2:15 R. Youm the causes and on the date stated above. deceased alive on. 23A. SIGNATURE 23c. DATE SIGNED 4940 Eastern Ave, Balto. Md. 24C. NAME OF CEMETERY OF CREMATORY 24A. BURIAL, GREMA Junal

25. FUNERAL DIRECTOR

VS 150

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

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THE RESERVE OF THE STATE OF ACT OF THE PARTY O

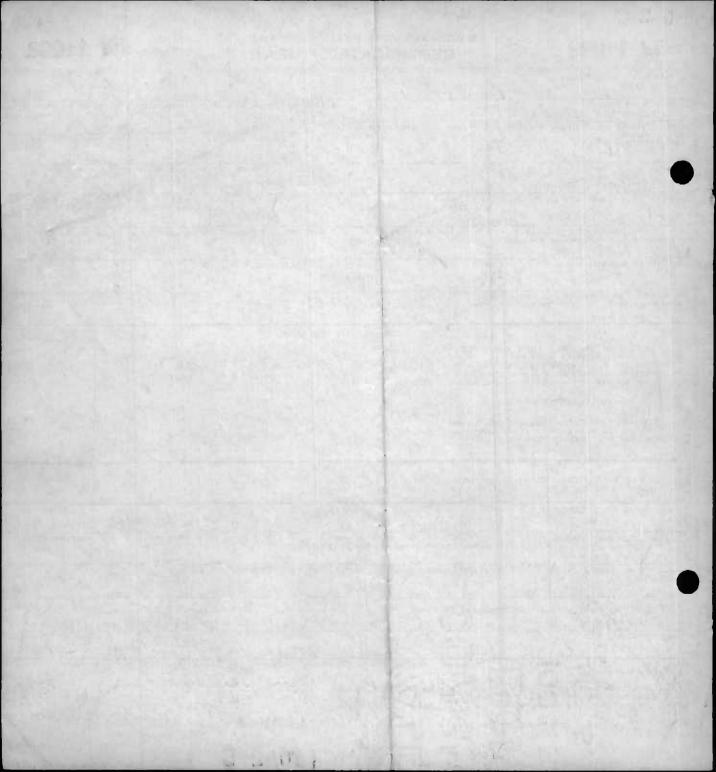
correct age is especially important. Physicians: picase write the causes of death clearly and egibly.

FO 1:	004	BAI	LTIMORE CITY HE	EALTH DEPART	MENT		11031
52 11	USA.		CERTIFICAT	E OF DEAT	Н	Registered N	No
1. NAME OF D		-	1 No. P 1 1			2. DATE	
		k Edwar	rd Webb		4		ber 2, 1952
a. Baltimore	City, Maryland			A. STATE		B. COUNTY	institution: residence before admission
B. FULL NAME HOSPITAL OR	OF (If not in hospit	al or institut	tion, give street address or location)		yland		
INSTITUTION	Union Memor	ial Woo		c. CITY OR TOWN		/ "	s, write RURAL and giv
	OILLOIT MEMOL.	rar nos	Yrs.	D. STREET ADDRE	Ltimore		20
a Langth of a	tay in Baltimore	Life	Mos.			an Street	
5. SEX	6. COLOR OR RACE		Days E, MARRIED.	8. DATE OF BIRTH			f Under 1 Year If Under 24 Hour
Male	White		VED, DIVORCED (Specify)	July 24, 191			onths Days Hours Min
	CUPATION (Give kind of	108. KINI	OF BUSINESS OR	11. BIRTHPLACE		ign country)	12. CITIZEN OF
Master Me	of working life, even if retired)	Text	ile	Maryland			WHAT COUNTRY
13. FATHER'S	NAME		11/1	14. MOTHER'S MA	IDEN NAM	1E	
Frank Edv	rard Webb		(6")	Mary V. I	Davis		
15. WAS DECEAS (Yes, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO. 215-07-6710	17. INFORMANT Mrs. Ruth 1	M. Webb		DDRESS .tan Street
18. 42	0.1	17.0	CAUSE	OF DEATH			INTERVAL BETWEEN
	E OR CONDITION	DIRECTLY					ONSET AND DEATH
(This does	LEADING TO DEAT	f dying, e. :	E., (A) Coron	ary Occlusio	n	***************************************	two hours
heart failu injury or	re, asthenia, etc. lt mea complication which c	ns the discas aused death	se, a.) DUE TO				
	ANTECEDENT CAUS	ES					
z			(B) Arter	iosclerosis		***************************************	two years
DISEASE	S OR CONDITIONS, I	STATING TI	NG HE DUE TO				
UNDERLY	YING CONDITION LA	ST.	(C)	***************************************		************************	
Ĭ.							
	II SIGNIFICANT CONDI						EASTAND OF
TRIBUTING	TO THE DEATH, BUT			•••••••••••••••••••••••••••••••••••••••			
. 19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION			20. AUTOPSY?
<u> </u>	7						YES X NO
	ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,			in Baltimore City, 1	give exact location)
21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY	OCCUR?	
	SECOLO MAR	m.	WHILE AT WORK AT WORK				
22. I herch	ou certifu that I att	ended the	deceased fromNove	mber 25 , 19 5	2 to Nov	ember 29195	2 that I last saw th
deceased a	live on November	299 52	and that death occur	rred at 3.30P m.	, from the	causes and on the	he date stated above
23A. SIGNA	TYRE (1		38. ADDRESS			23c. DATE SIGNED
1	unus	Down	ILS M.D.	800 West 33	rd Str	eet	12-3-52
24A. BURIAL, TION, REMOVAL (S			24c. NAME OF CEMETE				
Burial	Dec. 6,		Moreland Memo		Bal	timore Co.,	Maryland
DATE RECEIVE	TRAR	In (1)	URE	25. FUNERAL DIR		- (ADDRESS
UEC 5 = 10	59 Hunting	low IV.	Thains As	Burgee Funer	73		lls Road
VS 150	0		-5544	E Horace 9	t Dy	rgee	ſ
			by a li	Part .	-	/	

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1050 BALTIMORE CITY HEALTH DEPARTMENT Registered No. 11032 11032 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or belerson Wel. HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Jeneral Hospital D. STREET ADDRESS (If rural, give location) Mos. 417 Jefferson Ave. Towsons I'd. c. Length of stay in Baltimore Days 6. COLOR OR RACE 9. AGE (In years | If Under 1 Year | If Under 24 Hours 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours | Min. Colored. Sept. 1,1871 Sep. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 4 aborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1 pomods Brown Alice 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Pulmonary emboles (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 11-28.52 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! , 1952 to 12-4, 1955 that I last saw the 22. I hereby certify that I attended the deceased from 11-36 deceased alive on 12-4. 19.52 and that death occurred at 3:25 4,m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 12-4-52 24A. BURIAL, CREMA-AD. LOCATION (City, town, or county) 24c. NAME OF CEME/TERY OR CREMATORY (State) TION, DEMOVAL (Specify, DATE RECEIVED BY THEGISTARY SIGNY ADDRESS 5 VS 150

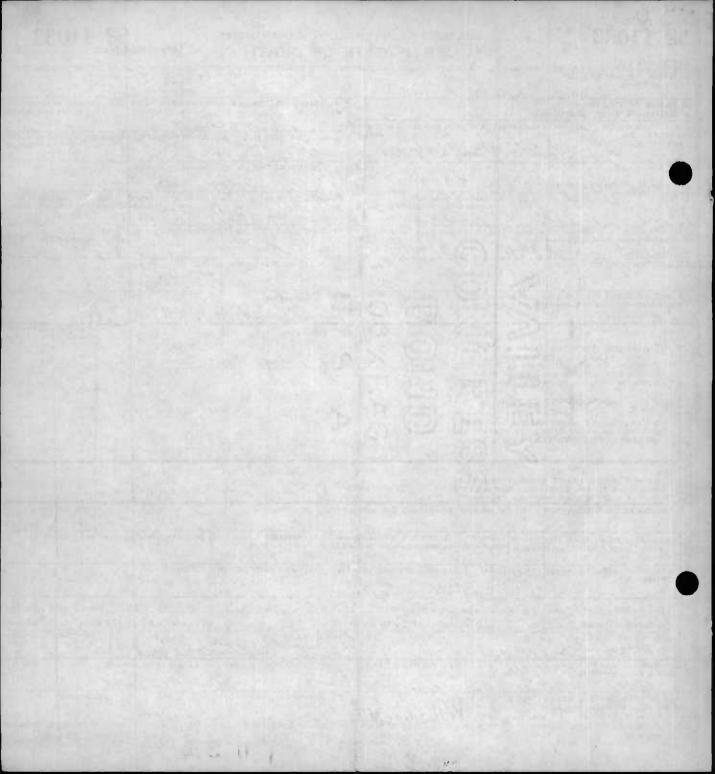
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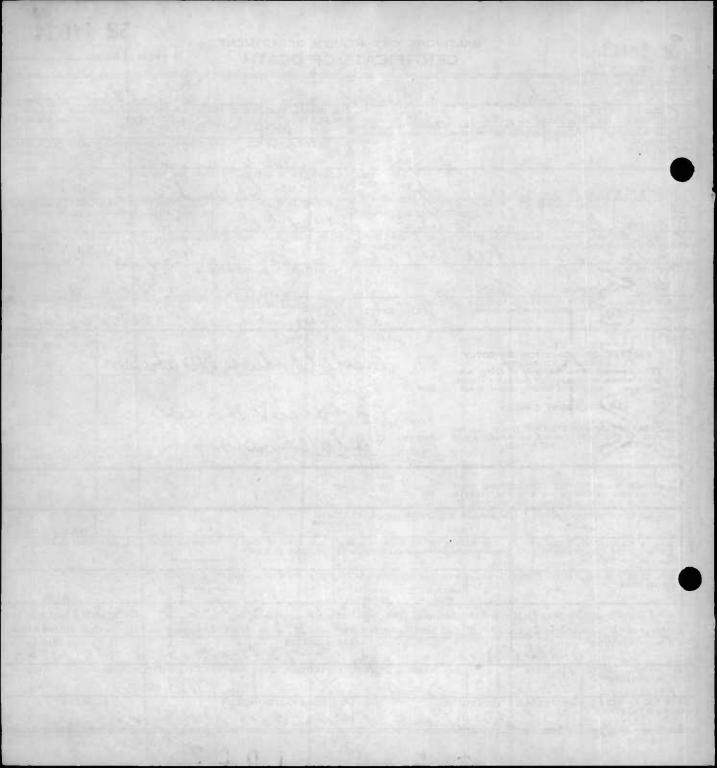
52 11033 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH Mundie Malcolm A. (SR, 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. STATE A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF Alf not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural give location) Mos c. Length of stay in Baltimorei Days 9. AGE (In years 6. COLOR OR RACE SINGLE, MARRIED. If Under 1 Year last hirthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 106. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired)

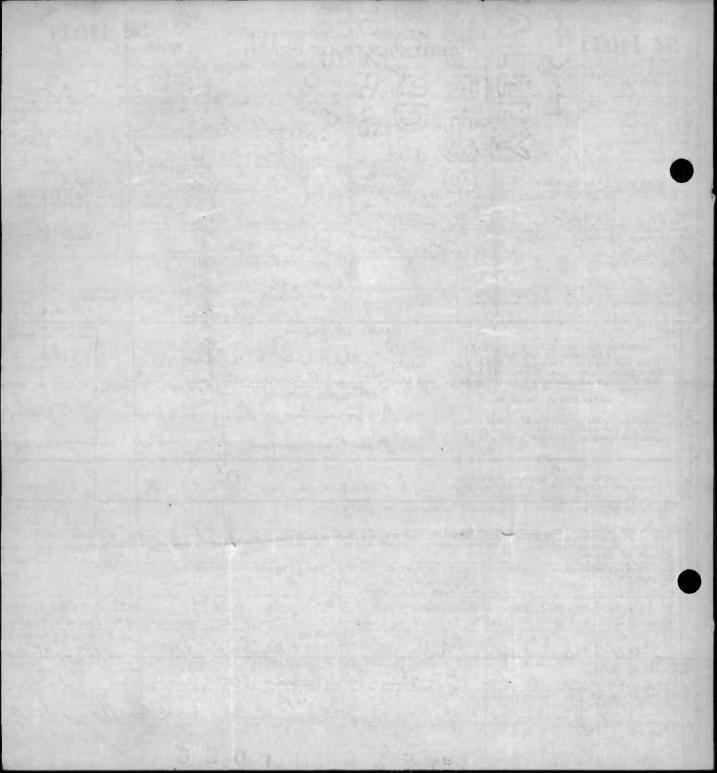
Theight Consuctor (let. WHAT-COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL 17. INFORMANT (Yes no or unknown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH 20.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death. DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK 1957 to 22. I hereby certify that I attended the deceased from 11-28 , 1957 that I last saw the deceased alive on 12-4, 19 52 and that death occurred at 32 m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 24A. BURIAL, CREMA-TION BEMOVAL (Specify) 24D. LOCATION (City, town or county) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

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52 11036 Registered No. BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' C. CLEY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If rural, give ocation) Yrs. Mos. nnoeden c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 8, DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years) ff Under 1 Year If Under 24 Hours Last hirthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 100 Wit a 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLAGE (State or fore gn country) 12. CITIZEN OF work done during most of working life, eyeo if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN 5. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, ny population of large war or dates of service) 16. SOCIAL SECURITY NO. INTERVAL BETWEEN 18. 443X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WHILE AT deccased alive on Nov 29, 1952, and that death occurred at 1524 m., from the causes and and least saw the 23A. SIGNATURE 24A. BURIAL. CREMA-TION, REMOVAL (Specify) 24B, DATE 35 FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR untington

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52	11037	BA	CERTIFICAT	EALTH DEPARTMENT	Registered 1	2 11037
ВІ	RTH NO.		CERTIFICATI	E OF DEATH	2008.00.00	
1.	NAME OF DECEASED ype or Print)				2. DATE OF	
	IMC	LLIE B.	. TAYLOR		DEATH Dec	
	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE	(Where deceased lived. If B. COUNTY	institution : residence before admission)
В.	FULL NAME OF (If not in hospi	tal or institu	tion, give street address or			
	STITUTION 605 N. Chap	ol Cote	location)	c. CITY OR TOWN	If outside corporate limit	ts, write RURAL and give township)
	ous w. chap	er date	e rane	Baltimore) (community)
			Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	
-	Length of stay in Baltimore		Days	605 N. Chape		
5.	SEX 6. COLOR OR RACE	7. SINGL	E. MARRIED,	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year II Under 24 Hours on the Days Hours Min.
	female white	WI	NED DIVORCED (Specify)	Dec. 22, 1877	74	Days Hours 1
10	A. USUAL OCCUPATION (Give kind o	10B. KINI	O OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
WOLK	done during most of working life, even if retired housewife	at ho	INDUSTRY	Maryland		WHAT COUNTRY
13	. FATHER'S NAME	1 00 110	7110	14. MOTHER'S MAIDEN	NAME	
	Irving Buck			Nettie Brown		
15	. WAS DECEASED EVER IN U. S. ARME	D FORCES?	I 16, SOCIAL	17. INFORMANT		DDRESS Jane
(Yes	s, no or nnknown) (If yes, give war or dat	es of service)	SECURITY NO.			
-	18. //			OF DEATH	1ay10r - 005	N. Chapel Gate
RTIFICATION	injury or complication which ANTECEDENT CAU DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L	SES IF ANY, GIVII STATING T	NG (B)	LMONARY	EDEMB.	
ERTIF	OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELAT	FD			
			FINDINGS OF OPER	RATION		20. AUTOPSY?
AL	0					YES NO
EDICA	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH		ACE OF INJURY (c. g., i farm, factory, street, office bldg.,		(If in Baltimore City,	give exact location)
	21D. TIME (Month) (Day) (Year OF INJURY	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?	
	OF INJURY		WHILE AT NOT WHILE			
	00 77 7	m.	WORK AT WORK	1/2 2 10.2	12/2 10-	
	22. I hereby certify that I at			, , , , , , , , , , , , , , , , , , , ,		L, that I last saw the
	deceased alive on 23A. SIGNATURE		and that death occur	rred at 12,22 m., from 238. ADDRESS	the gauses and on t	he date stated above. 23c. DATE SIGNED
	25A. SIGNATURE	1		701 Chen	C M	12/
2	4A. BURIAL CREMA-I 24B. DATE	-	24C. NAME OF CEMETE	RY OR CREMATORY 240	LOCATION (City, town	, or county) (State)
Tie	4A. BURIAL. CREMA- 24B. DATE DN. REMOVAL (Specify) Burial 12/6/5	2	Loudon Park		lto., Md.	(2.20)
l	ATE RECEIVED BY REGISTRAR			25. FWNERAL DIRECTOR		ADDRESS

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DEC 5-1952 Huntington Williams M. Dickmer & Sous
vs 150

VS 15

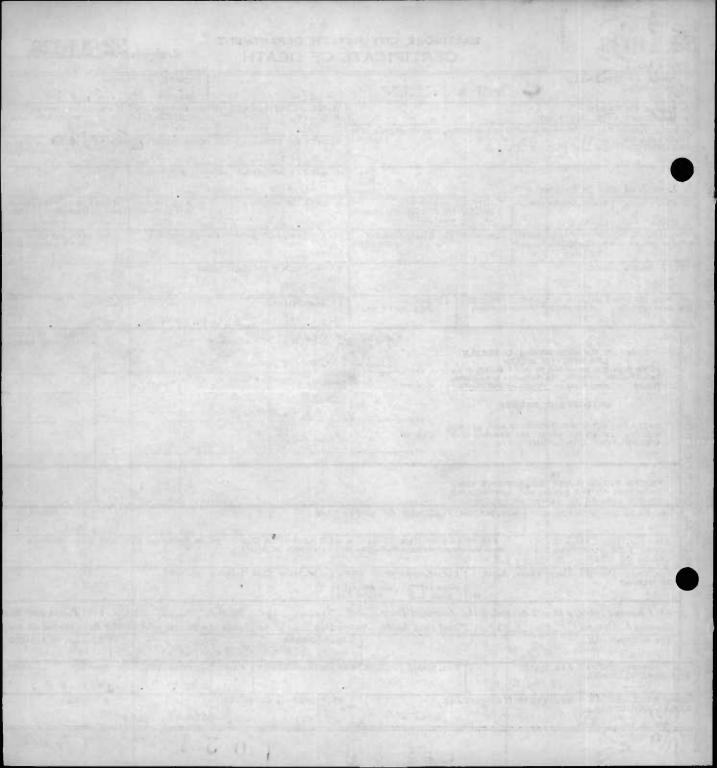
32	36	
BIRT	TH NO.	

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 11038

BI	BIRTH NO.						
	NAME OF DI		27 73ATV 4.09	II TTOURD		2. DATE OF De	0 3070
			LEOFAS	V.IICHTER	i a manu a ana ana an	DEATH De	c. 2, 1952
3. A.	PLACE OF DI Baltimore C	ity, Maryland			4. USUAL RESIDENCE (B. COUNTY	before admission)
В.	FULL NAME		al or institut	ion, give street address or location)	Md.	6 autoido samánas M	mits write RURAL and give
	STITUTION	Lutheran Hos	p.	iocasion)		r outside corporate in	township)
				Yrs.	Baltimore D. STREET ADDRESS (In	rural, give location)	
C	Length of st	tay in Baltimore		Mos.			
1	SEX SEX	6.COLOR OR RACE		Days E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year If Under 24 Hours
	male	white		/ED, DIVORCED (Specify)	Sept. 25, 1873	last birthday)	Months Days Hours Min.
10	A. USUAL OC	CUPATION (Givekind of		OF BUSINESS OR	11. BIRTHPLACE (State or	oreign country)	12. CITIZEN OF
work	done during most o	f working life even if retired)		INDUSTRY	Germany		WHAT COUNTRY?
13	. FATHER'S N	IAME			14. MOTHER'S MAIDEN N	IAME	
	Charles	Lichter			Unknown		
15 (Ya	. WAS DECEASE	D EVER IN U. S. ARMEI (If yes, give war or dete	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	no			DEGUNTT NO.	Mrs. Anna Licht	er-2909 W.	North Ave.
	18. 44	24		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION		CI	Q.D Y		onser and seattle
	(This does	not mean the mode of	f dying, e. s	(A)	MO-OCKELOT	-	***************************************
	injury or	re, asthenia, etc. It mea complication which c	aused death	DUE TO	is Voranlar	Kenof	
		ANTECEDENT CAUS	ES	dia	2019.		
Z	DISFASES	OR CONDITIONS, 11	F ANY GIVE	(B)	7077	****************************	
F	RISE TO TI	HE ABOVE CAUSE (A)	STATING TH		Sembles		
CA	0			(C)		***************************************	
E		П					
ERTIFICATION		IGNIFICANT CONDI					
Ü	TO THE DI	SEASE OR CONDITION	CAUSING I	Τ	ATION		I 20. AUTOPSY?
7	ISA. DATE O	F OPERATION I	SB. MAJOR	FINDINGS OF OPER	ATION		YES NO
EDICAL		ENT WAS UNDER-	218. PL	ACE OF INJURY (e.g., i		(If in Baltimore Cit	y, give exact location)
ED	LYING OF	R CONTRIBUTING	ebout home,	farm, factory, street, office bldg.,	to.) INJURY OCCUR?		
7	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	OF INJURY			WHILE AT NOT WHILE			
	22. I hereby certify that I attended the deceased from grade, 192, to Dec 2, 192, that I last sau						
	deceased a	live on Sec 2	19,5	and that death occur	red at by m. from		the date stated above.
	23A. SIGNA	TURE DA	0.		38, ADDRESS	9	23c. DATE SIGNED
	in		rely	м. р.	30336 WAGH		- 14/5
2 / TI	AA. BURIAL, ON REMOVAL (S	CREMA 24B. DATE		24C. NAME OF CEMETE		LOCATION (City, to	wn, or county) (State)
	Burial			Woodlawn Cen		dlawn, Md.	ADDRESS
D.	ATE RECEIVE		SSIGNATI		25. FUNERAL DIRECTOR	West HO	ADDRESS
_	MEC 2-	13512 1 June	The state of the s	rimamin, My	· Vrm. J. Van	mer v sur	
	VS 150		9			3 1 (bal	to 17, 1 Mid.
11				5 2 5	10110	0	

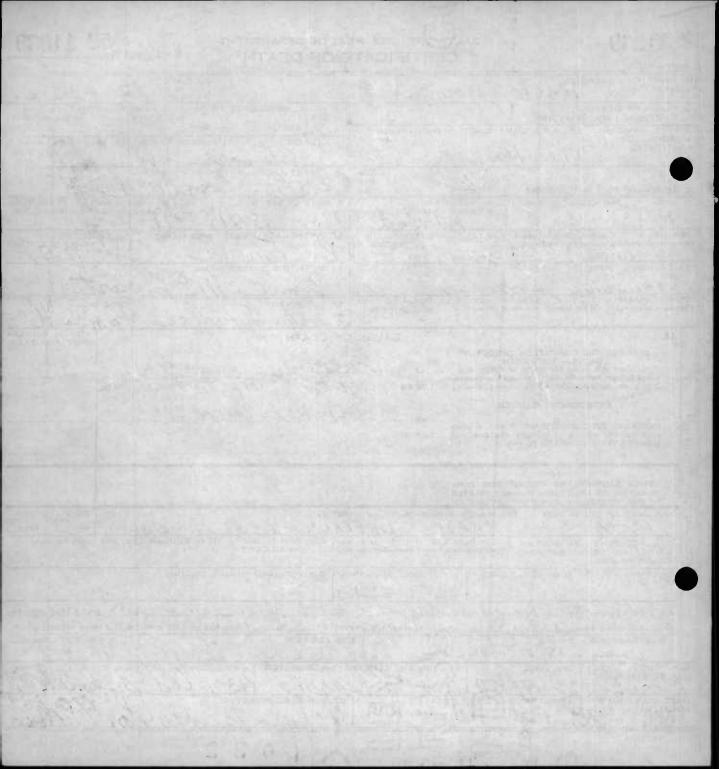


correct ago is especially inflorment. Physicians: piease write the causes of death clearly and legally.

BALTIMORE CITY HEALTH DEPARTMENT

52 11039

В	IRTH NO.	CERTIFICAT	E OF DEATH	Registered No.	
1.	NAME OF DECEASED	Daucias		2. DATE 12	11-6-
_	PLACE OF DEATH:	DOUGLAS.	4. USUAL RESIDENCE	(Where deceased lived, If inst	itution: residence
100	Baltimore City, Maryland FULL NAME OF (If not in hospital or ins	titution, give street address or	A. STATE	B. COUNTY	before admission)
H	OSPITAL OR	location)		(If outside corporals limits)	rite R JRAL and give township)
	UNIV. HOSP	Yrs.	Dalber	Ifrural, give location)	township)
C.	Length of stay in Baltimore Le	Mos. Days	O. STREET ADDRESS (om hard	St-
	SEX 6. COLOR PR RACE 7. SIN	IGLE, MARRIED, DOWED, DIVORCED (Specify)	8. DATE OF BIRTH		r 1 Year If Under 24 Hours
10	ru	Married	913-11881	1 71	
wor	k doneduring most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country) 12	WHAT COUNTRY?
13	B. FATHER'S NAME	1 Home	14. MOTHER'S MAIDEN	NAME	Mans /1
	CORNELIUS SUIII	AN	Emiso "	mc 6 oun	+
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCE (If yes, give war or dates of service)	S? 16. SOCIAL SECURITY NO.	17. INFORMANT) ADDE	F. W.
-			Mayohn Low	iglas tos	chard-7
	18. / 9 3 X I DISEASE OR CONDITION DIRECT		OF PEATH	1	ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying,	e. g., (A) On	SRATIUE 1.	RAUMA	
	heart failure, asthenia, etc. It means the di injury or complication which caused d	sease, leath.) OUE TO	LURING ODE	RATION FOR	***************************************
	ANTECEDENT CAUSES		2/10/1/10/10		
NO NO	DISEASES OR CONDITIONS, IF ANY, G		ILIO BY AS ION	7.7	•••••••••••••
FICATION	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	G THE OUE TO (C)			
IFIC					
ERTI	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE OEATH, BUT NOT RE				
Ü	TO THE DISEASE OR CONDITION CAUSIN	JOR FINDINGS OF OPER	PATION		20. AUTOPSY?
AL	12-4-52	AREE GLIOB	1 0.	PARIETAL	YES NO
EDICA		PLACE OF INJURY (e. g., i ome, farm, factory, street, office bldg.,		(If in Baltimore City, give	exact location)
	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?	
	n	n. WHILE AT NOT WHILE AT WORK			
	deceased alive on /2-4-549		/ /	12-4, 195, ti	
	deceased alive on /2-4-5,49 23A. SIGNATURE	, and that death occur	rred at from 238. ADDRESS	the causes and on the c	30 DATE SIGNED
	lum. 17. /2	eco M.D.	Uni -		2-4-5
	ON, REMOVAL (Specify)	MONT CATH	RY OR CREMATORY 240.	LOCATION (City, town, or o	County) (State)
	ATE RECEIVED BY REGISTRAR'S SIGN	Villiams, M.P.	25 FUNERAL DIRECTOR	puran Han	The form
==	VS 150		10 1109.00	6	TAN SEPTEM
11		95201	1 1/0 3	64	



CERTIFICATE OF DEATH

Registered No. 11040

BI	BHTH NO. UAU							
1. (T	NAME OF E		ROBERT	J.	OBEL	LANDER	2. DATE OF DEATH DEC	2 1050
3. A.	PLACE OF E					4. USUAL RESIDENCE (
В.	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)			Md.	f outside corporate limits	All		
IN	STITUTION					Baltin	nore	township)
1			Li	fe	Yrs.	D. STREET ADDRESS (If		
		stay in Baltimore			Mos. Days	3922 H	Iudson St.	
5.	SEX	6. COLOR OR RACE		MARRIED.	ED (Specify)	8. DATE OF BIRTH		Under I Year If Under 24 Hours hths: Days Hours Min.
	ale	White	Mar	ried	(-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,	July 9,1911	41	
10 work	A. USUAL OC done during most	CCUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINE	SS OR NDUSTRY	11. BIRTHPLACE (State or i	Coreign country)	12. CITIZEN OF WHAT COUNTRY?
	Clerk		Standa			Baltin	nore, Md.	U.S.A.
13	. FATHER'S				w	14. MOTHER'S MAIDEN N		
			rlande			Mary S	Sammeth	
(Yes	, no or unknown)	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECUR	ITY NO.	17. INFORMANT		DRESS
	No	No		214-01	<u>-4359</u>	Winifred A. C	berlander	Same.
	18.	73 × 1			CAUSE	OF DEATH		ONSET AND DEATH
	DISEA	SE OR CONDITION LEADING TO DEA			R	· Ama 1		
	(This doe	s not mean the mode	of dying, e.g.	, (A)			700	******
		ure, asthenia, etc. It mes complication which			L	It have	won.	
		ANTECEDENT CAUS	SES		(10	: Lestones	multism	
z				(B)	100			
	RISE TO	S OR CONDITIONS, I THE ABOVE CAUSE (A)	STATING THE	DUE TO				
X	UNDERL	YING CONDITION L	ST.	(C)		***************************************	***************************************	
F								
E	OTHER S	II SIGNIFICANT COND	TIONS CON					
CERTIFICATION		G TO THE DEATH, BUT						
_			9в. MAJOR					20. AUTOPSY?
CA	July	5,5-	1 215 214	OF OF WHILE	100	- late Wilfer DID	If in Baltimore City, g	YES NO
IEDI	LYING O CAUSE OF	DENT WAS UNDER- PR CONTRIBUTING DEATH		CE OF INJU			II in Baitimore City, g	ive exact location)
	21D. TIME OF INJURY	(Month) (Day) (Year	(Hour) 2	1E. INJURY	OCCURR	ED 21F. HOW DID INJUR	Y OCCUR7	
	OF INJURY			HILE AT	NOT WHILE			
	22. I herel	by certify that I at			1.	ne 15 195 40	Dec 2 195	, that I last saw the
		live on De		ndothat de		red at 2:58 mP From	the causes and on th	
	23A. SIGNA		7	-		Зв. ADDRESS		23c. DATE SIGNED
		400	b- 2-	100	м. р.	180/2nd	~/PL	12/4/52
24 TIC	A. BURIAL.	CREMA- 24B. DATE Specify)	2	4C. NAME O	F CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town,	or county) (State)
	Buria	1 12- 6-	52.	Oak I	Lawn C	emetery 722	24 Eastern A	Ave Ba. Co. Md
	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR 901 S. CONKING ST							
	CAL REGIST	1359	lington	" I dia	MA-, M	telepoles & to	eiled	
	VS 150	1001			0.0	11 0 6	67	
1				E 6	59	م داد ا	2	
				2 20-				

On Leybo 1801 Entan Pl. La, 56301 5 Trans. THE PARTY LOUIS ete statene not also bearings the mod magna for . To mid fire mountains a boutten work-forers L. D. . U. OTA HITATAL DESCRIPTION OF THE ACT OF THE AC

2314041 BIRTH NO.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

egistered No. 11041

A C	IRTH NO.			CERTIFICAT	E OF DEAT	H '	tegistered No.	
1	NAME OF D	FCFASED		7 1		2. DA	T-	
Ċ	Type or Print)		Page (or Elsie Ro	B. 47	1 0	F '	
3	PLACE OF D				4. USUAL RESID	FNCE (Where dec		1952
A	Baltimore (City, Maryland	alto.	Ulty	A. STATE		COUNTY	before admission)
В	FULL NAME	OF (If not in hospita	al or institut	ion, give street address or	Mary	land		
	OSPITAL OR			location)	C. CITY OR TOWN	(If outside	corporate limits, y	rite RURAL and give township)
		rident Hosp	ital		Baltimo	ne	11-6	township)
17				Yrs.	O. STREET ADDR	ESS (If rural, gi	ve location)	
C	Length of s	tay in Baltimore	40	Yrs. Mos. Days	423 Nort	h Calhou	n Street	
	. SEX	6. COLOR OR RACE		. MARRIED.	8. DATE OF BIRTH	9. AG	E (In years H Unde	r 1 Year If Under 24 Hours
F				ED, DIVORCED (Specify)		last	birthday) Month	Days Hours Min.
		CUPATION (Givekind of		rried	July.7. 10			
WOI	k done during most o	of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign co	untry) 12.	CITIZEN OF WHAT COUNTRY?
	Housew	vife	Hom	ie	Denton	Md.	TT.	S.A.
1.	3. FATHER'S	NAME		THE SOCIETY OF	14. MOTHER'S MA	IDEN NAME		
	Rober	t Fount	ain		Sugan	Lamie 1	Countain	
1		ED EVER IN U. S. ARMED		16. SOCIAL	17. INFORMANT	TEMIS I	ADDE	
CX	os, no or unknown)	(If yes, give wer or dates	of service)	SECURITY NO.				
1	1				Robert Bu	ttler 423	N. Calh	
10	18. 59	2 Y		CAUSE	OF DEATH		4	INTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY			4		S DEATH
	(This does	LEADING TO DEAT	TH f dving a s	Z., (A)	crem	~		,
	heart failu	re, asthenia, etc. It mea	ns the diseas	e.	····			
	injury or	complication which c	aused death	.) OUE TO	-		STEP YOUR STORY	7
		ANTECEDENT CAUS	ES	Ch	rome /	Komen	lo-	
Z	DISEASE	CON COMPLETIONS		(B)				
ATION	RISE TO T	S OR CONDITIONS, IN THE ABOVE CAUSE (A)	STATING TH	HE DUE TO		negon	res	
	UNDERLY	YING CONDITION LA	ST.					
RTIFIC				(C)				DE LA COMP
IE		11					***************************************	
HE		GIGNIFICANT CONDI						
U	TO THE O	ISEASE OR CONDITION	CAUSING I	т				
1	19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION	20. AUTOPSY?		
10		17						YES NO
EDICAL	HOMICIDE	NT, SUICIDE, (Specify)	about home.	ACE OF INJURY (e. g., i arm, factory, street, office bldg.,	n or 21c. WHERE I	OID (If in Ba)	timore City, give	exact location)
A								
1		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DIE	INJURY OCCU	R?	
	OF INJURY			WHILE AT NOT WHILE				
]		m.	WORK AT WORK		. 2		
	22. I hereb	y certify that I att	ended the	deceased from	Je c. 2 195	2, to Dec	, 19 ; ti	hat I last saw the
	deceased al	live on Dec. 7	÷ 19 5 2	and that death occur	rred at 3 Rm.	, from the caus	es and on the a	late stated above.
	23A SIGNA	FURE DO	7	2	38. ADDRESS	-0 1121	2	3c. DATE SIGNED
	fre	ford o.	hans	м. о.	2309 du	med Harri	- The	/2-X-5-2
2	4A. BURIAL, O	REMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATIO	N (City, town, or o	county) (State)
11 -	urial	12/6/19	Donton		Denta	n Ma		
	ATE RECEIVE			Denton	25 AUNERAL DIR	Dento:	AE	DRESS / a
	OCAL REGIST		0	Page	Flances	telela-	1000 h	hautty.
	MEC E -	INEN -		11/11/2 11	may o	www	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	VS 150	MAS 110000	1	1 1 homes and I all	U			ave .
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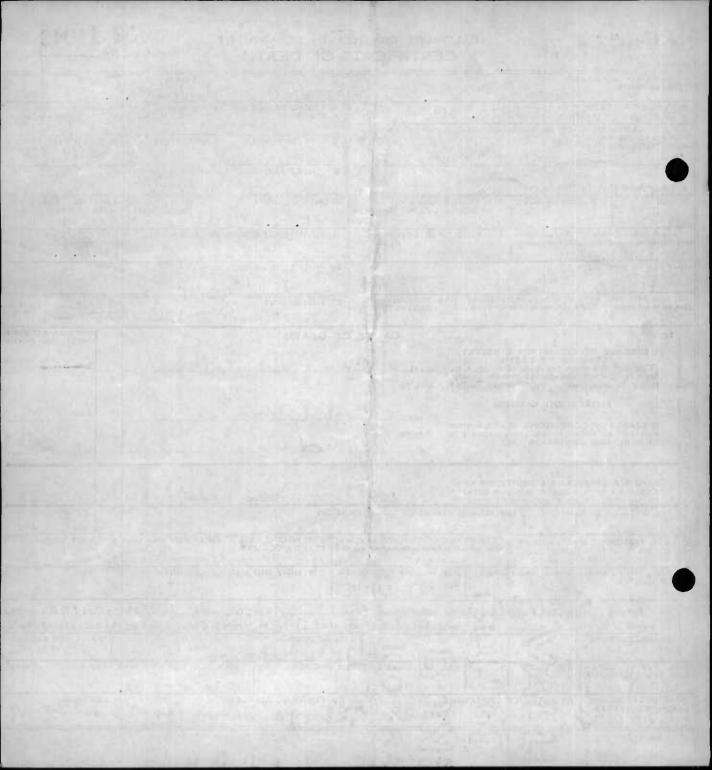
CO TIPIC TO CORRETED BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL ESIDENCE (Where deceased lived, If institution residence A. Baltimore City, Maryland Balto. City A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RoBAL and give C. CITY OR TOWN INSTITUTION IOUNS HOPKINS HOSPITAL township) Yrs. D. STREET ADDRESS (If rury, give logation) Mos. c/Length of stay in Baltimore Days SEX 6/COLOR OR RACE 7. SINGLE, MARRIED If Under 24 Hours hast birthdy) | Months Days | Hours Min. WIDOWED, DIVORCED (Specify) Married 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY Housewife At Baltimore U.S.A. ome 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Estella Tytes 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT **ADDRESS** (Yes, no or unknown) SECURITY NO. No TOUNS HOPKINS HOSPITAL INTERVAL BETWEEN 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-Amniotic fluid emboli TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSA YES 1 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE ! WHILE AT . 19 that I last saw the 22. I hereby certify, that I attended the deceased from 11 - 3 . Th., from the causes and on the date stated above. deceased alive on 12 -1952, and that death occurred at_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED TOURIS HOPKINS HOSPITAL 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial Brooklyn Md. 25 FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE VS 150

Dr. George Davis said Committee on laternal elfare recommended this addition.

BALTIMORE CITY HEALTH DEPARTMENT

52 11043
Registered No.

BIRTH	NO.			CERTIFICAT	E OF DEATH	Registere	u 110-
I. NAM	E OF D	ECEASED				2. DATE	
(Type o	r Print)	Mable		T) Tul	illiama	OF -	2 1052
3. PLA	CE OF D	CATLL		-1.	illiams 4. USUAL RESIDENCE (W	DEATHDEC	
A. Balt	imore (City, Maryland Ba	alto.	City	A. STATE	B. COUNTY	
B. FULI	NAME	OF (If not in hospit	tal or institut	ion, give street address or	Marylar	nd ,	
INSTIT	AL OR			location)	c. CITY OR TOWN (If	outside corporate di	mits, write RURAL and give
	10	16 Edmonds	on Ave	enue	Baltimore	16	township)
	1 1 1 1 1 1 1			Yrs.	D. STREET ADDRESS (If	rural, give location)	
c Len	rth of s	tay in Baltimore	TAGO	Mos.	1016 Edmondson	n Arranua	
5. SEX	, on or s	6. COLOR OR RACE	Life	Days E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years	if Under 1 Year If Under 24 Hours
J. J.A		O. COLOR OR MACE		ED, DIVORCED (Specify)		last birthday)	Months Days Hours Min.
Fem		Col.	Wide	W	Sept.29.1899	53	
10A. US	UAL OC	CUPATION (Give kind of	IOB. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
10 -01	nesti		At F	INDUSTRY	Baltimore		U.S.A. COUNTRY?
	HER'S		AUI	Юше	14. MOTHER'S MAIDEN NA	NAC .	0.20.11
	Illia		lap		Jennie	?	
(Yes. no or	DECEASI	D EVER IN U. S. ARMEI (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		(000) 8000 1100 01 0100		SECURITY NO.	Herbert Anthon	nv 1016 E	dmondson Ave
18.	2 -			CALLOT		0	INTERVAL BETWEEN
10.	2 :	>/ X 1		CAUSE	OF DEATH		ONSET AND DEATH
	DISEAS	E OR CONDITION				11	2 des
(This does	not mean the mode of	of dving, e. s	z., (A)	mone Pephitis	(Uremus)	
	eart failu njury or	re, asthenia, etc. It mes complication which	ins the discas caused death	e,	The Later Control of the Control of		
					0		
		ANTECEDENT CAUS	SES	C.	and Alexand		1 cule
Z	ISEASES	OR CONDITIONS, 1	FANY GIVIN	(B)		X	a Marc
Ĕ F	ISE TO T	HE ABOVE CAUSE (A)	STATING TH	F DUE TO		U	
4	INDERLY	ING CONDITION LA	AST.	(C) [N]	ino- Icherris		unfrance
12							
ERTIFICATION		H				AL THE	
K 3		IGNIFICANT CONDI			terring Curdis Vas c	1	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
0		SEASE OR CONDITION			Territory Charles Vanc	ulas Alcelos	<u> </u>
1 19A	DATE C	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
4		0					YES NO
EDICA LYI	. ACCID	ENT WAS UNDER-		ACE OF INJURY (e. g., i		f in Baltimore Cit	y, give exact location)
L EX	NG OF	CONTRIBUTING DEATH	about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
5		(Month) (Day) (Year)	(Hours)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUP?	
DF.	NJURY	(Month) (Day) (Teat)			EB ZIF. NOW BID INSORT	OCCURI	
			m.	WHILE AT NOT WHILE AT WORK			
22.	I hereh	y certify that I att	tended the	deserged from No	1 25 1952 to 1	Lee 2 10	St, that I last saw the
		live on the		and that death occur			
	. SIGNA		, 19,			ne causes ana or	the date stated above.
234	. SIGNA	JAN 1	11.0	2	3B. ADDRESS	+ 17	23C. DATE SIGNED
		Loop	Y. UK	M. D.	1235 & Marine	n D	Hew 4. 1952
TION RE	WOVAL (S	DREMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D. LC	OCATION (City, to	wn, or county) (State)
Bur		12/5/1	952	Mt Arburn C	lem. Bal	timore Md	
DATE F	ECEIVE		SSIGNAT		25 FUNERAL DIRECTOR	0 - 21.0 2 0 1.10	ADDRESS
LOCAL	REGIST	RAP +	noton 1	Valianis Mis	Floor a Life Da	m land	Bustley wo
Dr.	2 2	12414	7		Ju. wpoo		
V	S 150		0		0.11		



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DEGEASED 2. DATE (Type or Print) IEMIENSKIOZ JOHN SIMINSK DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland 3013 ELLIOTT ST B. FULL NAME OF (If not in hospital or institution, give street address or A. STATE B. COUNTY before admission) HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits write RURAL and give INSTITUTION NO NE. township) BALTO D. STREET ADDRESS Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX last birthday) Months Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) WIDOWED, DIVORCED (Specify) NIDOWER 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 1. BIRTHPLACE (State or foreign country 12. CITIZEN OF work done during most of working life even if retired) WHAT COUNTRY? INDUSTRY 13. FATHER'S NAME 1EMIEN SKI 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. BIERONATOWSKI 12038. 18. 422.1 CAUSE OF DISEASE OR CONDITION DIRECTLY (A) FANBRENE OF RT-LOWER EXTREMITY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES AR TERIO SCLEROTIC C.V. DESEATE SEPTIL/45 DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ERTI OTHER SIGNIFICANT CONDITIONS CON-NONE. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY NONE NO E 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NONE 22. I hereby certify that I attended the deceased from SEP7 16 1941 to DE C 3 . 19 that I last saw the 1952, and that death occurred at 200. deceased alive on VEC m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-248, DATE BURIAL

Stephen J. Fialkowski, ham 1000 S

VS 150

DATE RECEIVED BY

6	1,5
52	11045

CERTIFICATE OF DEATH Registered No. 2 11045

BIRTH NO.				
1. NAME OF DECEASED (Type or Print) Memao W. James	~m	•	2. DATE OF DECE	mbon 3,1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (WA. STATE	here deceased lived. If in B. COUNTY	stitution : residence before admission)
B. FULL NAME OF (If not in hospital or institution,	give street address or	myl.		
HOSPITAL OR INSTITUTION HOSPITAT	location)	C. CITY OR TOWN (If	outside corporate limits,	write RURAL and give township)
JOHNS HOPKINS HOSPITAL		Chlorismel	le. 53	• • • • • • • • • • • • • • • • • • • •
	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
c. Length of stay in Baltimore	Days	126 Munn	eny Lane	
5. SEX 6. COLOR OR RACE 7. SINGLE, M WIDOWED,	ARRIED, Specify)	B. DATE OF BIRTH	9. AGE (In years If U	he Days Hours Min.
male White man	med_	11-4-08	44	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even it retired)	BUSINESS OR I	1. BIRTHPLACE (State or fo	reign country) 1	2. CITIZEN OF WHAT COUNTRY?
Bookeeler + act. Costum	Tearles	n.u		
13. FATHER'S NAME	O IMI	4. MOTHERIS MAIDEN NA	AME	
Denge W. Harris	no	agena H	ass	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no w unknown) (If (yes, give war or dates of service)	SECURITY NO.	7. INFORMANT	ADI	DRESS
no	SECORITI NO.	JOHNS HOP	KINS HOSPITAL	
18. 4/2. 1	CAUSE OF			INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	11	0.0.	1	ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	w/1400	carled in	fording	14 was
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO			
ANTECEDENT CAUSES		(2) 10 PORT THE ST		
	(8)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO			***************************************
UNDERLYING CONDITION LAST.	(C)			
0	(0)	***************************************	***************************************	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	60	. 0	1.	, ,
	Juna	many mile	Extran	1 un
19A, DATE OF OPERATION 19B, MAJOR FIL	NDINGS OF OPERAT	ION ()		20. AUTOPSY?
7				YES NO
	OF INJURY (e.g., in o	2 IC. WHERE DID (I	f in Baltimore City, giv	e exact location)
LYING OR CONTRIBUTING About home, 1srm, 1	actory, street, office bldg., etc.	INJURY OCCUR?		
	INJURY OCCURRED	2 F. HOW DID INJURY	OCCUR?	
DF INJURY				
22. I hereby certify that I attended the dec		1-29, 1982, to 1	7 - 3 1057	that I last saw the
deceased alive on 12-3 1952 and	that death occurre	ed at \$26 P.m., from the		data stated shows
284 SIGNATURE 10.		ADDRESS		23c. DATE SIGNED
Women fundelia	Vellegue. D.	JOHNS HOPKIN	15 HOSPITAL	12/4/52
24A. BURIAL, CREMA- 24B. DATE 110N, REMOVAL (Specify)	Met alin		OCATION (City, town, or	county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	*	5. FUNERAL DIRECTOR	7304,	DDRESS
LOCAL REGISTRAR	1: 415	Serry A.F.		ill mel
DEG 5-1859 Tuntington Will	LALLIA-, My.	very v.	my wer	المراد المراد
VS 150	910	> > 0		
Q	= 3103	74103		

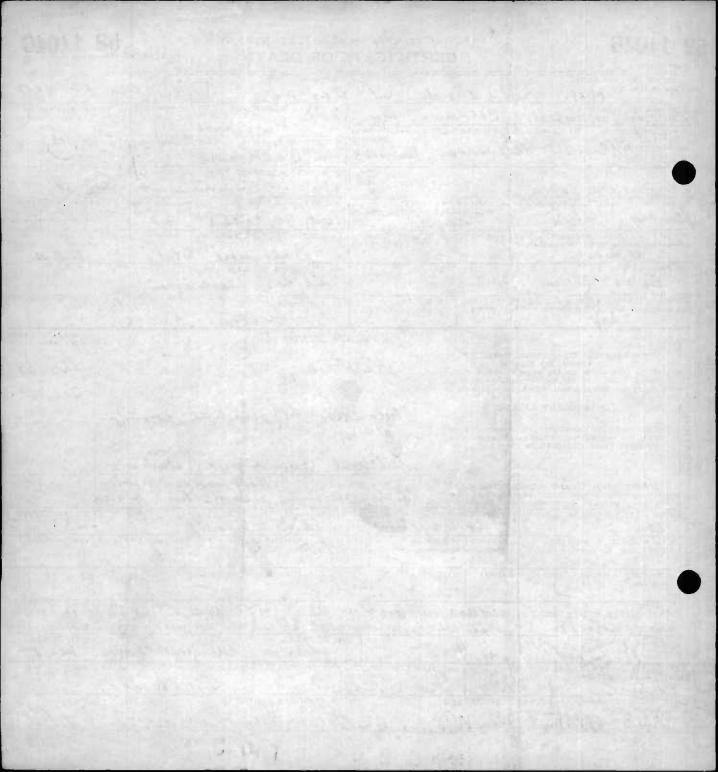
A TOTAL CONTRACTOR OF THE STATE 15.5

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

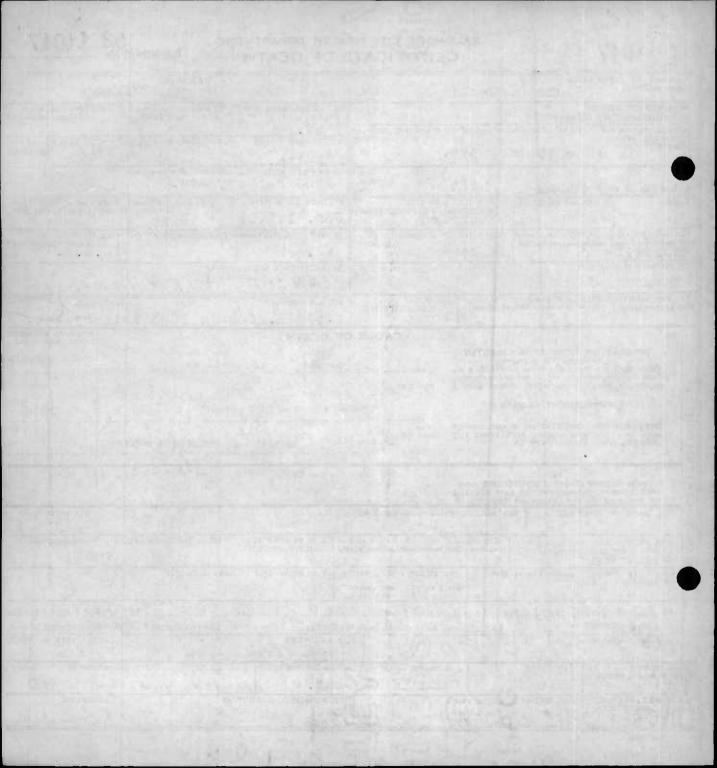
Registered 52 11046

В	IRTH NO.	L OI DEATH						
	NAME OF DECEASED Type or Print) Miss Mildred W.	Perine 2. DATE OF DEC.	S# 1252					
	. PLACE OF DEATH: Baltimore City, Maryland Baltimae, Mu.	4. USUAL RESIDENCE (Where deceased lived, If inst A. STATE B. COUNTY	itution : residence before admission)					
В.	FULL NAME OF (If not in hospital or institution, give street address or	Maryland	-					
II.	OSPITAL OR location) NSTITUTION Musican Mussial Knapital	C. CITT OK TOWN (In outside corporate mante, wi	rite LURAL and give township)					
1			O CONTRACTOR					
C.	Length of stay in Baltimore Years Mos. Days	D. STREET ADDRESS (If rural, give location)	£ 5+.					
5	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Unda last birthday) Months						
1	lunale White Pingle	Cept. 30, 1875 77	Days Hours, Min.					
	DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR k done during most of working life, even if retired)		CITIZEN OF WHAT COUNTRY?					
	Mane	Bolhimore, Wel.	U.S. 14.					
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	Elias flem perine	Elita Washington						
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL see, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDR	RESS					
(AW SECONTI NO.	Hospital Record						
	18. ESHY CAUSE	OF DEATH	INTERVAL BETWEEN					
	DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH					
	(This does not mean the mode of dying, e.g.,	heria	Mor. 23					
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)							
z	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLY MADE CONDITION OF THE OUE TO STATING THE UNDERLY MADE CONDITION OF THE OUE TO STATING THE UNDERLY MADE CONDITION OF THE OUE TO STATING THE UNDERLY MADE CONDITION OF THE OUE TO STATING THE UNDERLY MADE CONDITION OF THE OUE TO STATING THE UNDERLY MADE CONDITION OF THE OUE TO STATING THE UNDERLY MADE CONDITION OF THE OUE TO STATING THE UNDERLY MADE CONDITION OF THE OUE TO STATING THE UNDERLY MADE CONDITION OF THE OUE TO STATING THE UNDERLY MADE CONDITION OF THE OUE TO STATING THE UNDERLY MADE CONDITION OF THE OUE TO STATING THE UNDERLY MADE CONDITION OF THE OUE TO STATING THE UNDERLY MADE CONDITION OF THE OUE TO STATING THE							
TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	mey.						
Y	UNDERLYING CONDITION LAST.	Gives						
H	(c) Bilake	al punimunia cinhois						
E	OTHER SIGNIFICANT CONDITIONS CON-	Hyportentice anterior-						
H		stecheny, selevotic heart chisens						
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER		20. AUTOPSY?					
1 X	Mor. 3 Chall cyshin's,	there likinsis	YES NO					
EDIC	21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., HOMICIDE (Specify) about home, farm, factory, street, office bldg.,		exact location)					
MΕ								
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR							
	m. WHILE AT NOT WHILE AT WORK							
	22. I hereby certify that I attended the deceased from My	v. 23 , 1952, to Dec. 5 , 1963 ti	hat I last saw the					
	deceased alive on Dec. 58, 1952, and that death occu	rred at 25 am., from the causes and on the o	late stated above.					
	23A. SIGNATURE	238. ADDRESS	3c. DATE SIGNED					
-	4A. BURIAL, CRIMINI 24B. DATE / 24C. NAME OF CEMETE		county) (State)					
TI	Burial Dec 6/52 Green Mr	runt Balto md	(State)					
	OCAL REGISTRAR	25, FUNERAL DIRECTOR AL	DRESS					
	UEC 5- 1959 Tuntington WIK 117	VIllankins of Smo W 4905"	forkelld					
	VS 150	1						
11	, o 5 2 '0	511039						



Registered No. 11047 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) June D. Geckle OF 12/3/52 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside cornora e limits, write RUKAL and give INSTITUTION 1263 Battery Ave. township) Balto. D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1263 Battery Ave. Life c. Length of stay in Baltimore Days 8. DATE OF BIRTH 9. AGE (In years | If Under 1 Year | If Under 24 Hours | Months Days | Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) F Jan. 1,1925 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY U.S.A. COUNTRY? Housewife At Home Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BLANCHE Edward Smith LEN HENA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yee, no or unknown) SECURITY NO. None David A. Geckle 1263 Battery Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH 410 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., 30-60 Rec Occusion heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout bome, farm, factor y, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE AT WORK , 19 to Rec. 3 . 1952 that I last saw the 22. I hereby certify that I attended the deceased from_ deceased liveron 2 c. 2 195-2, and that death occurred at 6: 10 Hm., from the causes and on the date stated above, 23 K. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 12-5-52 24A. BURIAL, CREMATION, REMOVAL (Specify) 24B. DATE 12/6/52 Cedar Mill Cemt. Burial DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE

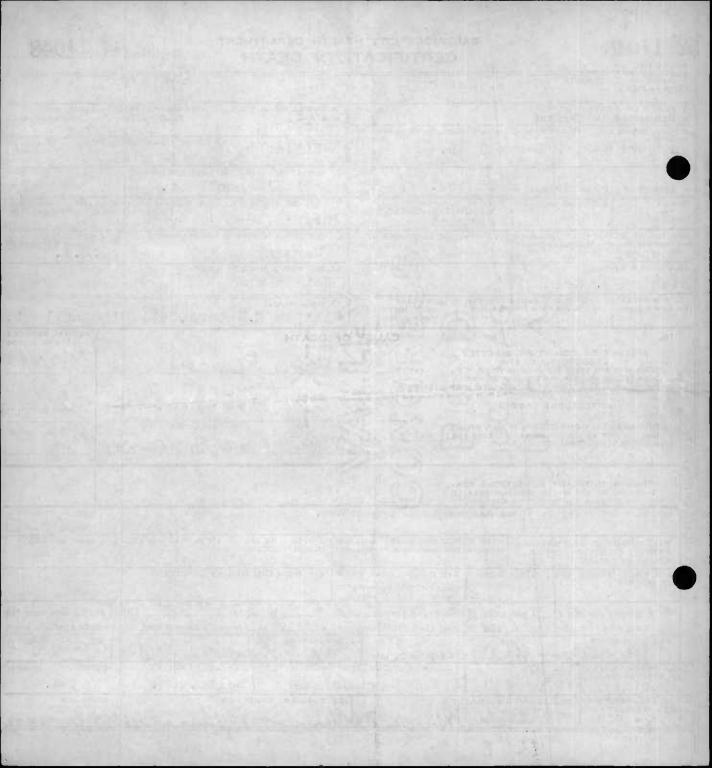
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

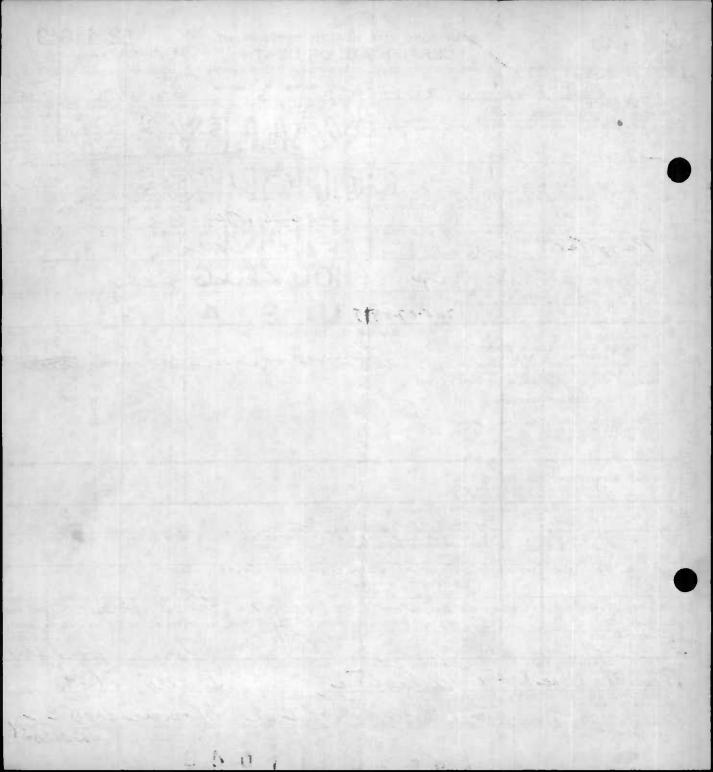
Registered 2 11048

_												
1. (T	NAME OF D ype or Print)	ECEASE	D Anna	M. Wa	ters				2. DATE 12/	2/52		
A.	PLACE OF D Baltimore C	City, M		ital an institu	tion, give street add		4. USUAL RESIDIA STATE Maryland	ENCE (W	There deceased lived B. COUNTY			residence e admission)
H	SPITAL OR		0 Don		lo	cation)	Baitimor	e (If	outside corporate li	mits, write	UR	AL and give township)
-	Vrq				Yrs.	D. STREET ADDRE	ESS (If	rural, give location)				
	c. Length of stay in Baltimore 65 yrs. Mos. Days						3421 0'D	onnel	Ll St.			
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Married						B. DATE OF BIRTH July 26,1		9. AGE (In years last birthday)	If Under 1 Months I	ear ays	If Under 24 Hours Hours Min.
10 worl	A. USUAL OC	CUPATI	ON (Give kind o	10B. KIN	D OF BUSINESS	OR	11. BIRTHPLACE	State or fo	oreign country)	3.0	LIAT	N OF COUNTRY?
	Housewi	fe		At Ho	ome		Germany			U.S	.A	•
13	. FATHER'S N	NAME					14. MOTHER'S MA		AME			
	ichard						Not Know	n				
(Ye	. WAS DECEASE , no or naknown)	(If yes	IN U.S. ARME , give war or dat	ED FORCES? Ses of service)	16. SOCIAL SECURITY NONE	NO I	17. INFORMANT William H	.Wate	ers,3421	O Dor		11 St.
	18. 44	13 ×			CAI	USE O	F DEATH	11/5/25				L BETWEEN
			CONDITION	DIRECTLY		11		a		01	ISET	AND DEATH
Н		LEADI	NG TO DEA	TH		W	venuie (20 M	na		11.	-//4-
7	heart failu	re, asthe	nia, etc. It me ation which	ans the diseas	se,	4		A			**********	
					u.) DUE 10	Pl	mill		•		, /	-140
_		ANTEC	EDENT CAU	SES		Mr.	1400	LY K	V		18	168
6			NDITIONS,				2	• • • • • • • • • • • • • • • • • • • •				
CERTIFICATION	UNDERLY	ING CO	VE CAUSE (A)	STATING T	HE FUE TO	ky (ordio /	rocu	lordison	6	11/	5 48
FI		-	11		- //						_	
RT			CANT COND									
H			DEATH, BUT									
,	19A. DATE O	F OPER	RATION	19в. MAJOF	FINDINGS OF	OPERA	RATION					UTOPSY?
Y			0		10					,	YES L	No L
1EDICA	21A. ACCID LYING OF CAUSE OF	R CONT	AS UNDER- RIBUTING		ACE OF INJURY farm, factory, street, offi			R7 (I	f in Baltimore Cit	y, give ex	act lo	cation)
	21D. TIME ((Month)	(Day) (Year	(Hour)	21E. INJURY OC	CURRE	21F. HOW DID	INJURY	OCCUR?			
	OF INJURY			-	WHILE AT NOT	TWHILE					_	
	22 7 1 -1		C 17 1 7 1	111.		WORK	15 4	9. C	202 10	J tha		
22. I hereby certify that I attended the deceased from							1.46	£, to	· ·	1		st saw the
									E SIGNED			
	W.	cel	au of	Car		D. 8	2019K	eun	rood m	102	0	25
TIC	N REMOVAL (S Burial	pecify)	12/6/5	2			emetery		to. Co.	wn, or cou		(State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE						5. FUNERAL DIR	ECTOR		ADDI	RESS		
D	C 5 - 10	52	Hunt.	ington	Williams	MIN	Genera 7.	glas	busun /	139 9.	Bu	adver
	VS 150		i	5 5	9 6			10				
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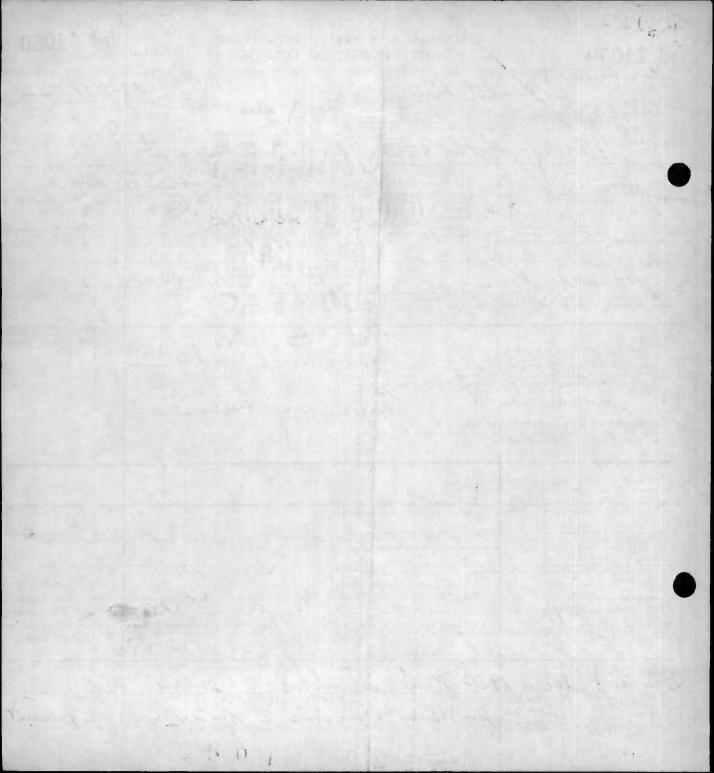


E	BIRTH NO.	OLKIII IOATE	OI BLAITI	
1	NAME OF DECEASED Type or Print)			2. DATE.
1	GEORGE 1	IRCHIR		DEATH DEC 3 195
	S. PLACE OF DEATH:		4. USUAL RESIDENCE (W)	here deceased lived. If institution, residence
-	A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or instit	ution, give street address or	A. STATE	B. COUNTY before admission
1	HOSPITAL OR	location)	C. CITY OR TOWN 1 (If o	outside corporate limits, write RURAL and gi
1	NSTITUTION		10150150	township
-	Mercy Hosp.		Les / 10.	T0 0 100 00 11 H2
		Yrs.	o. STREET ADDRESS (If re	ural, give location)
1-	Length of stay in Baltimore	Q Days	15/10.	Foromocst #2
5		LE, MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If Under I Year If Under 24 Hel
	M	WED, BIVORCED (Specify)	JONe 26 1890	last birthday) Months Days Hours Mir
1	OA. USUAL OCCUPATION (Give kind of 10B. KIN	ND OF BUSINESS OR	11. BIRTHPLACE (State or for	eign opuntry) 12. CITIZEN OF
wo	rk done during most of working life, even if retired)	INDUSTRY	2 1 to m	WHAT COUNTRY
_	Payrer. Conti	nental Can Co	Ballo, 11	W. S
1	3. FATHER'S NAME	0 . Tim 101	14. MOTHER'S MANDEN NAI	ME D
	Leorge xure	MA	Veronico	x Hans
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES? ce, no or unknown) (If yes, give war or dates of service)	I 16. SOCIAL	17. INFORMANT	A DEDEC
(Y	es, no or unknown) (If yas, give war or dates of service)	SECURITY NO.	17. HAT ORMANI	ADDRESS
-		1705-07-8997		
	18. /62 X I	CAUSE O	F DEATH	INTERVAL BETWEE ONSET AND DEAT
	DISEASE OR CONDITION DIRECTLY	Υ		, S
	LEADING TO DEATH (This does not mean the mode of dying, e	8 (A) 13mg	minogenic	- Carcinony
	heart failure, asthenia, etc. It means the dise	ase,		
	injury or complication which caused dea	th.) OUE TO	V	
	ANTECEDENT CAUSES			
ZO	DISEASES OF CONDITIONS	(B)		
은	RISE TO THE ABOVE CAUSE (A) STATING	THE OUE TO		
CA	UNDERLYING CONDITION	(5)		
FIC		(C)		
늗	II II			
RTI	OTHER SIGNIFICANT CONDITIONS CO			
S	TO THE DISEASE OR CONDITION CAUSING			
,	19A. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPERA	TION	20. AUTOPSY?
CAL	Ac. 3 1952 BM	ndlogone	. C1.	VES NO
ĺΩ	21A. ACCIDENT WAS UNDER- 218. PI	LACE OF INJURY (e.g., in	or 21c. WHERE DID (If	in Baltimore City, give exact location)
EDI	LYING OR CONTRIBUTING about home	e, farm, factory, street, office bldg., etc	D.) INJURY OCCUR?	
Ξ	CACSE OF BEATH			
	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?
	m.	WHILE AT NOT WHILE		
-	22. I hereby certify that I attended th		2018 1052/1 0	2 105 107
	descreed the service that I attended the	e aeceasea from	, 1900, to	ec. 3, 19 Sthat I last saw th
	deceased alive on Jec 3, 1952			
	23A SIGNATURE	23	BADDRESS	23C. DATE SIGNED
_	De real or Wood	/ M.O.	The Same	ma Dec. 5, 195
			V OF COEMATORY DATE 100	

DATE RECEIVED BY LOCAL REGISTRAR



52 11050 CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered N 1. NAME OF DECEASED 2. DATE (Type or Print) -/3/52 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY admission) B. FULL NAME OF (If not in hospita) or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN INSTITUTION (If outside corporate limits, write RURAL and give township) Yrs. D. STREET ADDRESS (Horural, give location) Mos. c. Length of stay in Baltimore selveder. Days 5. SEX / 6. COLOR OR RACE 7. SINGLE, MARRIED If Under | Year 9. AGE (In years) If Under 24 Hours WIDOWED, DIVORCED (Specify) last hirthday) Months Days Hours Min. Jugle 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR M. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME harie Wunt erline 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, pave war or dates of service) 16. SOCIAL 17. INFORMANT ve war or dates of service) SECURITY NO 18. 204.0 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . RTIFI 11 OTHER SIGNIFICANT CONDITIONS CONш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from 12/3 195 that I last saw the 1952 to deceased alive on , 1952, and that death occurred at in., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED BURIAL CREMA-REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 240 /LOCATION/(City, town, or county) DATE RECEIVED BY ADDRESS



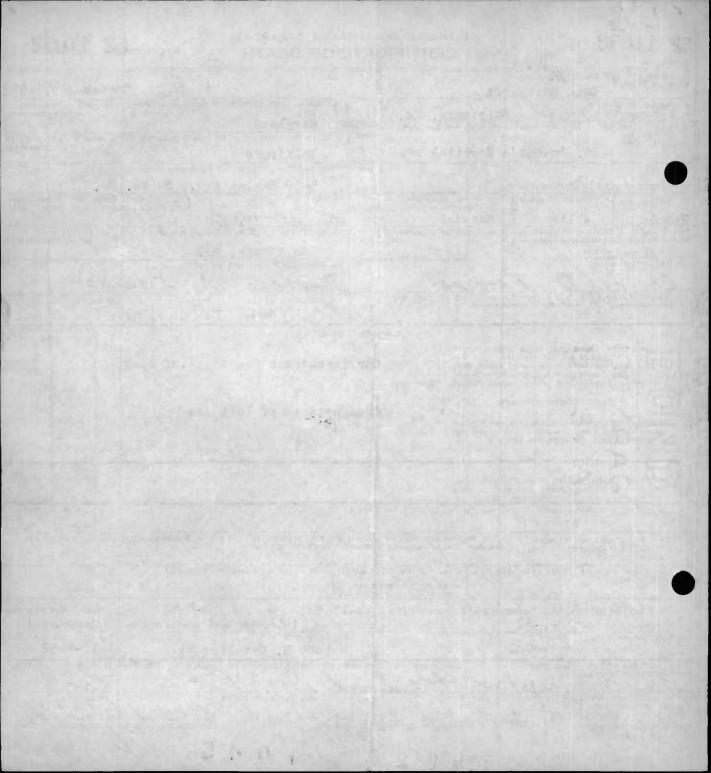
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered \$2 11054

BIRTH	i NO.								
	ME OF DI		wrence	J. Mc Cue			OF DEATH	ec. 4,	1 952
A. Ba		ity, Maryland			4. USUAL RESIDENCE A. STATE Marvi		deceased lived		residence (ore admission)
HOSP	L NAME			ion, give street address or location) ok Street	c. CITY OR TOWN Balti	(If outsi	de corporate l	inits, write R	UKAL and give township)
Ô	.7 0			Yrs. Mos.	D. STREET ADDRESS (If rural, give location)				
5. SEX		ay in Baltimore 6.COLOR OR RACE	7 SINGLE	Days Days	1215 Holbrook Street 8. DATE OF BIRTH 9. AGE (In years) If Under I Year If Under 24 Hours				
mal	le	white	WIDOW	red, DIVORCED (Specify)	Jan. 17, 1	907	last birthday) 45	Months Day	s Hours Min.
work done	eduring most o	CUPATION (Give kind of f working life, even if retired) Ename L Fac		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
	THER'S N			(M)	14. MOTHER'S MAID	EN NAME			
Pat	trick	Mc Cue			Lydia Stau	mbaug!	h		
15. W/	AS DECEASE	D EVER IN U. S. ARNEI (If yos, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
(, , , , , , ,	SECORITI NO.	Mrs. Lenora	D. M	c Cue,	1215 Ho	Ibrook
CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES								
CERT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								Syro
19 19	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION							20. YES	AUTOPSY?
O LY	21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING 21b. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.) INJURY OCCUR?								location)
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK								
22	11 8 0 116 1/ 0 0								
	22. I hereby certify that I attended the deceased from 197, to 7 197, to 197, to 197, to 200, 197, deceased alive on 197, and that death occurred at 245 Am., from the causes and on the								
23	BA. SIGNAT	URE S. Cil	while		3B. ADDRESS	roch	. 26		ATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (Tion, REMOVAL (Specify)									
	RECEIVE	12/8 D BY REGISTRAR	SSIGNATI	Holy Rede	25. FUNERAL DIRECT		timore,	Mar A	
	PREST.		R,ck,	5305 H	Hafford	-			
	VS 150		U	1 0 -	,				A CONTRACTOR

195 39849 1011

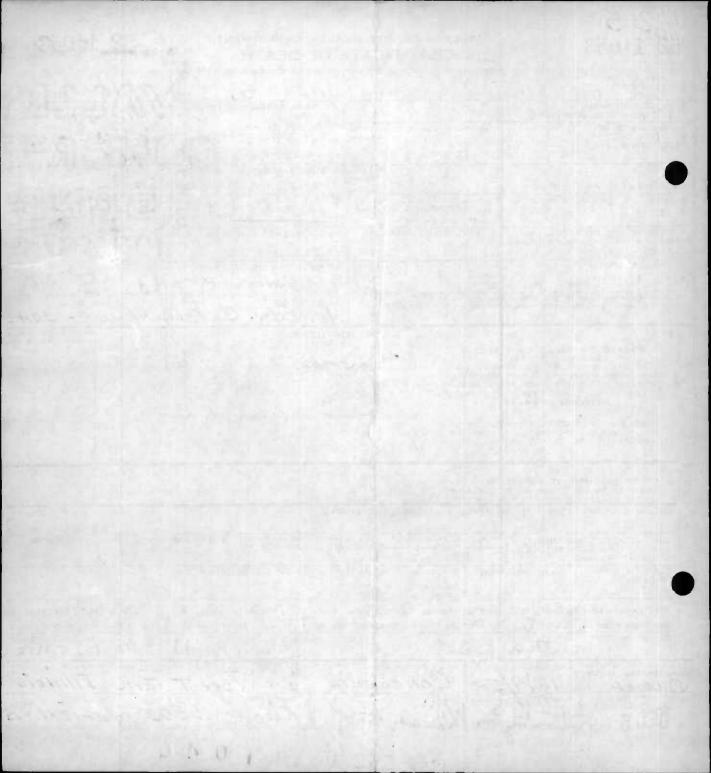
52	110)E	DAI		E OF DEATH	Regist	ered No_	11052		
BIRTH					L OI DEXIII					
1. NA (Type	ME OF D or Print)	ECEASED E.				2. DATE OF	Donou			
A. Bal		City, Maryland	Baltime	ore, Md.	4. USUAL RESIDENCE	DEATH E (Where deceased I B. COUN	ived. If insti	nber 4, 1952 itution: residence hefore admission)		
	L NAME	OF (If not in hospit	al or institut	ion, give street address o		(If outside someone		rite RURAL and give		
INSTI	TUTION	St. Joseph	s Hosp:	ital	Baltimore	U	te italitas, wi	township)		
0				Yrs.	D. STREET ADDRESS	(If rural, give locat	tion)			
		tay in Baltimore		Mos. Days		Ave., Bal				
5. SEX		6.COLOR OR RACE		E, MARRIED, VED, DIVORCED (Specif) ied	8. DATE OF BIRTH	9. AGE (In you last birthd	ears if Under	r l Year Hunder 24 Hows Days Hours Min.		
10A. U	SUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12.	CITIZEN OF		
WOLK GODIC	House			INDUSTR	Baltimore,	Md.	174	WHAT COUNTRY		
13. FA	THER'S			STEP SERVE	14. MOTHER'S MAIDE					
	harle	's C. T	Ree /	and	BARBARA	M. B.	carh	AM		
(Yes, no	or uuknowu)	D EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	MR. Albert		ADDR			
18.	191	V		CALISE	OF DEATH	V. Outk	100101	INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO									
ě l	DISEASES RISE TO T UNDERLY									
CERTIF	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	ED O						
. 19				FINDINGS OF OPE	RATION			20. AUTOPSY?		
음 다		ENT WAS UNDER- R CONTRIBUTING DEATH	218. PLA about home,	ACE OF INJURY (e. g., farm, factory, street, office bldg.	in or 21c. WHERE DID otc.) INJURY OCCUR?	(If in Baltimore	City, give			
21	D. TIME	(Month) (Day) (Year)	`	21E. INJURY OCCUR!		URY OCCUR?				
	m. WORK AT WORK 22. I hereby certify that I attended the deceased from 11-17-52, 19, to 12-4-52, 19, that I las									
de	· I herco ceased al	ive on 12-4-52	ended the	and that death occu	rred at 6:45Pm., fro	m the causes and	, 19, th d on the d	at I last saw the ate stated above		
23	A. SIGNAT	Carlo Tome	3	м. р.	1400 N. Caro			12-4-52		
24A. TION, R	BURIAL, (S EMOVAL (S	Penify; 128	152	24C. NAME OF CEMET	RY DR CREMATORY 24	Calty	, town, or c	ounty) (State)		
	RECEIVE L REGIST	RAR	SSIGNATI	Will	25. FUNERAL DIRECT	5305	Hart	PRESS		
	VS 150		0	· rowaline, My	3.//		11			
H.Y.	F 1 2 1		1	9 5 2 0	01100	5	U	N. S. T. BIN		



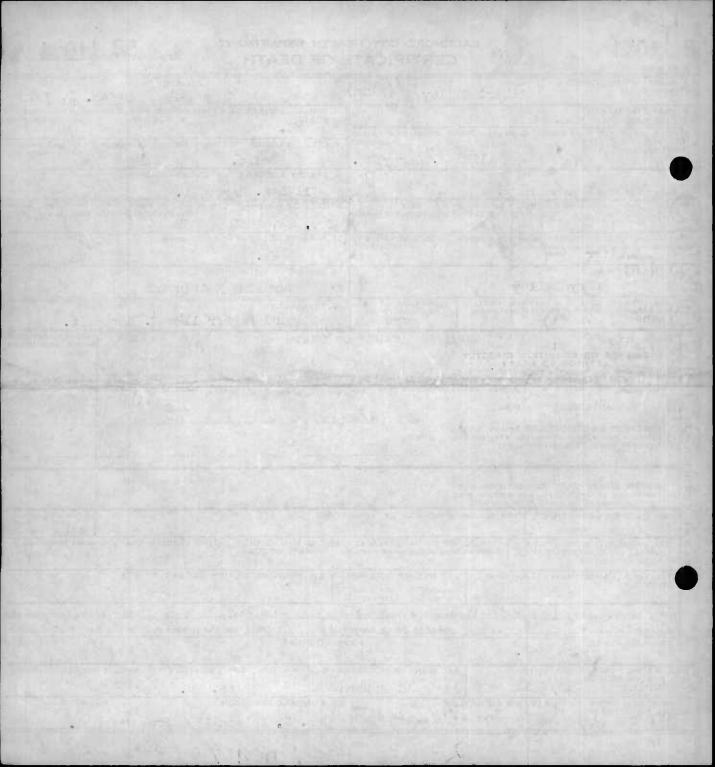
BALTIMORE CITY HEALTH DEPARTMENT

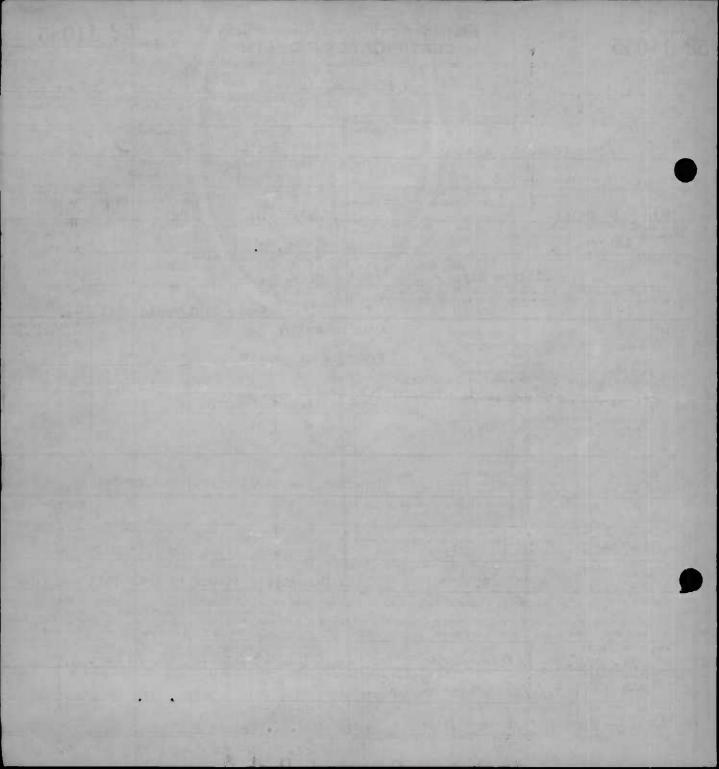
Segister 52, 11053

32 11033			C	CERTIFICATE OF DEATH Registered No.							
	IRTH NO.										
d	. NAME OF D Type or Print)	FELGEN	HAUEF	2 WIL	HE	LMINE S.	OF 12	15/52 "			
3	. PLACE OF D. Baltimore	EATH: City, Maryland		1		4. USUAL RESIDENCE ()					
В	FULL NAME	OF (If not in hospit	al or institution			MARYLAND	BALTI	MORE P			
	OSPITAL OR	11	1		ation)	c. CITY OR TOWN (If	outside corpora e linf	township)			
_		MERCY H	tosp177	74		BALTIMORE	-	od Marketto)			
	150			2.3	Yrs.	D. STREET ADDRESS (If rural, give location)					
_	. Length of s	tay in Baltimore			Days	2613 Rose					
	F	6. COLOR OR RACE		MARRIED. D. DIVORCED (S	Specify)	8. DATE OF BIRTH 9. AGE (In years II Under I Year last birthday) Months: Days Hour					
10	A. USUAL OC	CUPATION (Give kind of	108. KIND C	F BUSINESS		11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF			
MOI	House u	of working life, even if retired)		INDU	STRY	7// 1145.5		WHAT COUNTRY			
1:	3. FATHER'S					14. MOTHER'S MAIDEN N	AMF	0.5.			
	1.11	LIAM ROI	115				Mehring				
1 !		D EVER IN U. S. ARMEI	FORCES I	16. SOCIAL							
(Y	es, no or unknown)	(If yes, give war or date	s of service)	SECURITY	NO.	MR. Edw. C.	Telgenhi	ADDRESS HUER - SAME			
	18. 4.	×./ 1		CAL	JSE C	OF DEATH	1	INTERVAL BETWEEN			
		E OR CONDITION	DIRECTLY	- 24				ONSET AND DEATH			
	(This does	not mean the mode of	f dying, e.g.,	(A)	Core	bral Vascula	acriden	U 11/30/52 To			
	heart failu	re, asthenia, etc. It mea complication which o	ns the disease.	DUE TO				1			
	-							12/5/52			
7	ANTECEDENT CAUSES Cardia massulus disease										
HOL	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO										
1	UNDERLY	ING CONDITION LA	ST.	DUE TO							
10				(C)	• • • • • • • • • • • • • • • • • • • •		•				
TIFIC		11	-1-1-1								
ER	TRIBUTING	IGNIFICANT CONDI	TIONS CON-								
เกิ	TO THE D	SEASE OR CONDITION	CAUSING IT.	***************************************							
1	No. DATE C		9B. MAJOR F	INDINGS OF	OPERA	ATION		20. AUTOPSY?			
CAL		ENT WAS UNDER-	1 2 IB PLACE	E OF INJURY	(a = in	or 21c. WHERE DID (If in Baltimore City,	YES NO			
MEDI		R CONTRIBUTING		n, factory, street, offic			ir in Balumore City,	give exact location)			
2	21b. TIME	(Month) (Day) (Year)	(Hour) 21	E. INJURY OC	CURRE	D 21F. HOW DID INJUR	Y OCCUR?				
	or insuri			ORK NOT	WHILE WORK						
	22. I hereb	y certify that I att	ended the de	eceased from	Dec	1952, to D	195	a that I last saw the			
	deceased ai	ive on Dec. 5,	1952 an	d that death	oceuri	red at 7:25 m., from t	he causes and on	the date stated above			
	23A. SIGNA				23	3B. ADDRESS	11 0 11	23c. DATE SIGNED			
		Outhur	Klein	/, M.	D.	Mercy Ho	ospital Balt.	23c. DATE SIGNED Dec. 5, 1952			
	4A. BURIAL. (S		/ 24	C. NAME OF CE	METER		OCATION (City, town				
	DURIAL	12/9	152 (ONCO	edi	A CEM FOR	est Tark	IllINOIS			
D	ATE RECEIVE	D BY REGISTRAN	S SIGNATUR			25. SUNERAL DIRECTOR		AODRESS.			
-	OCAL REGIST	11	t 11	11:	10	L Kurk.	5305 K	tanlow Rd			
=	The last of	- Juneles	Aron IV	manus-, R	10	1./					
	VS 150					//	AA				
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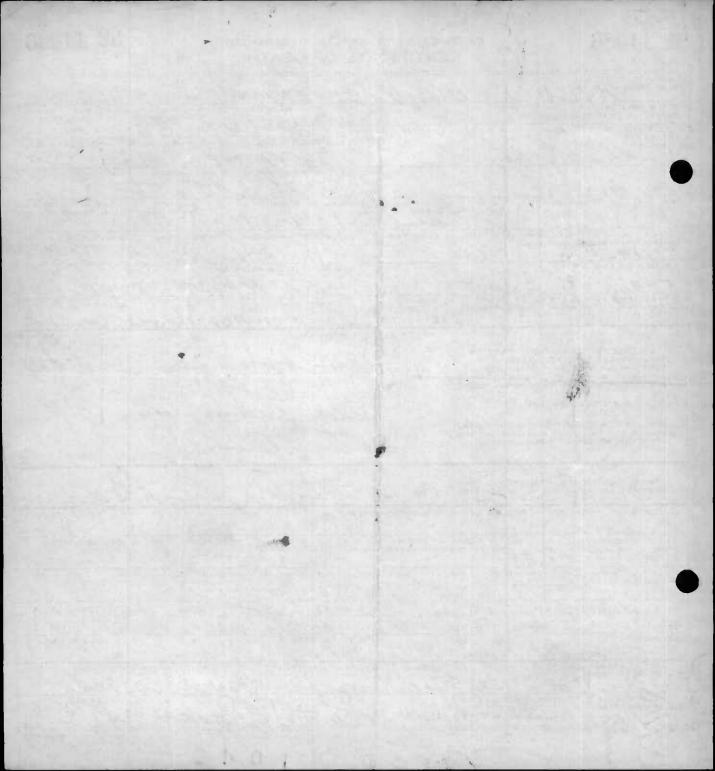
For	11.054		57.			E OF DEATH	Registere	No.11	054		
	NAME OF E	ECEASED									
(T	ype or Print)	Al	bert Be	ailey	(Alma)		2. DATE OF DEATH	Dec.	3, 1952		
	Baltimore	City, Maryland	1.			4. USUAL RESIDENCE (Where deceased lived, B. COUNTY		on: residence pefore admission)		
	FULL NAME	OF (If not in hospita	al or institut	ion, give stree	et address or location)	Md.	1.1.	-	1		
	STITUTION		7795	N. Car			f outside corporate li	mits, vij te	township)		
			116	14. CST	Yrs.	Baltc.	rural, give location)				
_		tay in Baltimore	?		Mos. Days	1125 N. Care					
5.	SEX M	6. COLOR OR RACE		E, MARRIED VED, DIVORO		8. DATE OF BIRTH Dec. 26, 1885	9. AGE (In years last birthday)		ar It Under 24 Hours Lys Hours Min.		
	dooe during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND		INDUSTRY	11. BIRTHPLACE (State or f		WH	TIZEN OF HAT COUNTRY?		
13	. FATHER'S			10	est.	V&• USA					
		Henry Bailey				Caroline Nottingham					
15 (Ye	. WAS DECEAS	ED EVER IN U.S. ARMED	FORCES?	16. SOCIA	L RITY NO.	17. INFORMANT ADDRESS					
	no				ne	Edward Parke	r 1125 N. C	arey S	t.		
ERTIFICATION	OISEASE	SE OR CONDITION LEADING TO DEAT s not mean the mode o ure, asthenia, etc. It mea complication which c ANTECEDENT CAUS SOR CONDITIONS, IF HE ABOVE CAUSE (A) YING CONDITION LA	TH f dying, e. ; ns the diseas aused death ES F ANY, GIVIN STATING TH	(A) ie, b) DUE TO	Thurise curd I discuse Liac descripsion		ONS	ERVAL BETWEEN SET AND DEATH			
	OTHER S										
L		OF OPERATION 1	*	FINDINGS	ATION			O. AUTOPSY?			
SAI				ES NO							
EDICAL		R CONTRIBUTING DEATH	about home,	ACE OF INJI farm, factory, stre	URY (e. g., in eet, office bldg., e		If in Baltimore Cit	y, give exa	ct location)		
	21D. TIME OF INJURY	(Month) (Day) (Year)		21E. INJUR	Y OCCURRI	21F. HOW DID INJUR	Y OCCUR?				
			m.	WORK L	AT WORK		910.3	(00			
		y certify that I att			rom	Hene, 1950, to	19	that	I last saw the		
	deceased alive on Dec 3, 19 and that death occurred at m., from the causes and on the date stated above. 23A. SIGNATURE 23C. DATE SIGNED										
		Lames V.	Con	V'.	м. D.	1427 Maderon	ane		2.5.52		
2. TI	AA. BURIAL, ON_REMQVAL (Specify)					OCATION (City, to	wn, or coun	ty) (State)		
-	Burial				t Aubur		· Md.				
L	ATE RECEIVE CAL REGIST	RAR TUNE	4	Villiam	a, Mit	25. FUNERAL DIRECTOR Geo. G. Kelson	1303 Pressi	ADDR man St			
	Vs 150		1 0	1440	6 M	bleg off	Keloa	n			





130 52 11056
BIRTH NO.
NAME OF DECEASE

32 11036 BALTIMORE CITY HEALTH DEPARTMENT	32 11056
BIRTH NO. CERTIFICATE OF DEATH Registe	ered No
1. NAME OF DECEASED (Type or Print) ABROTT HILC H FIVE TOKE OF	3 NEO IF-
3. PLACE OF DEATH Reltimore City Manyland 4. USUAL RESIDENCE (Where deceased livery)	
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or ARYLAND) B. COUN	ALTIMORE
	e limits, write RURAL and give
Franklin Of Nosp. BALTINORE	3-Otwaship
C. Length of stay in Baltimore Yrs. Mos. Days 3 426 C. Length of stay in Baltimore	One /
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In yet	ars if Under Year of Up et 24 Hours y) Months: Days H urs Min.
10A. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country)	LI2 CITIZEN OF
NETIRED CLERK - VERILO MARY MARYLAND	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME STORE 14. MOTHER'S MAIDEN NAME	
FRANK J. ABBOTT. (") KATHERINE	RURK
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT	ADDRESS AV
212-01-7321 EDITH M. ABBOTT -3;	426 CHESTNUT
18. 470 1 CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	o + /
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	2 days
injury or complication which caused death.) Due to	
ANTECEDENT CAUSES	1 21
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO (B)	an L dage
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
ic) Gover Denosis	
OTHER SIGNIFICANT CONDITIONS CON-	0 . 1
	nosi Wamie gr
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore (City, give exact location)
LYING OR CONTRIBUTAGE about home, farm, factory, atreet, office bidg., etc.) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that Lattended the deceased from 3 Tec, 1952 to 3 Dec,	1952, that I last saw the
deceased alive on 3 2 and that death occurred at 10:10 Am. from the causes and	on the date stated above.
23A. SIGNATURE MY 23B. ADDRESS C. S. A.	23C DATE SIGNED
24a. BURIAL CREMA- 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City,	town, or county) (State)
BURIAL DEC 6.1952 Sheemmount Carroll 6	2
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	ADDRESS
DECE-1052 Huntington Williams M. Flestin & Donovan	3818× fond
VS 150	dure:
39264 0 10	

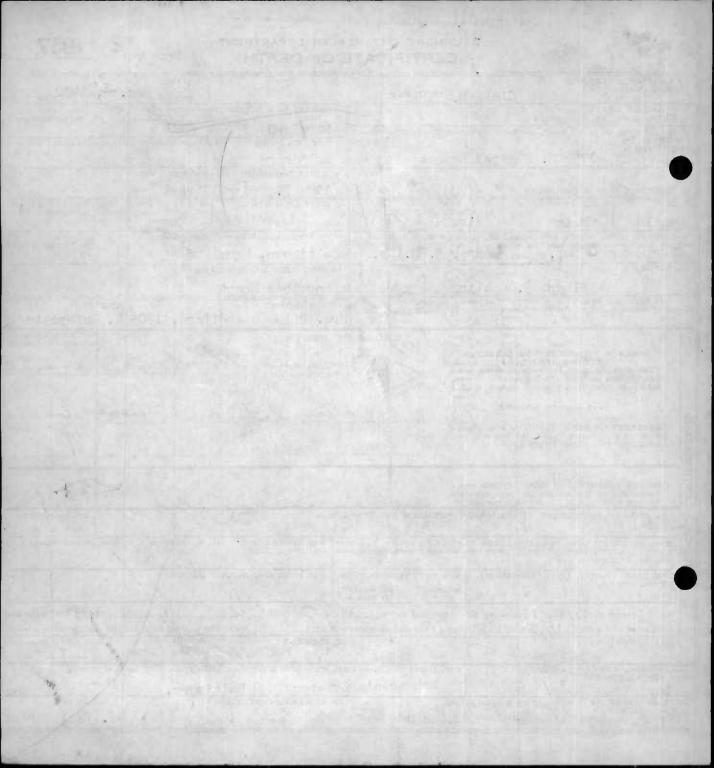


CERTIFICATE CORRECTED_4-6-53

BALTIMORE CITY HEALTH DEPARTMENT

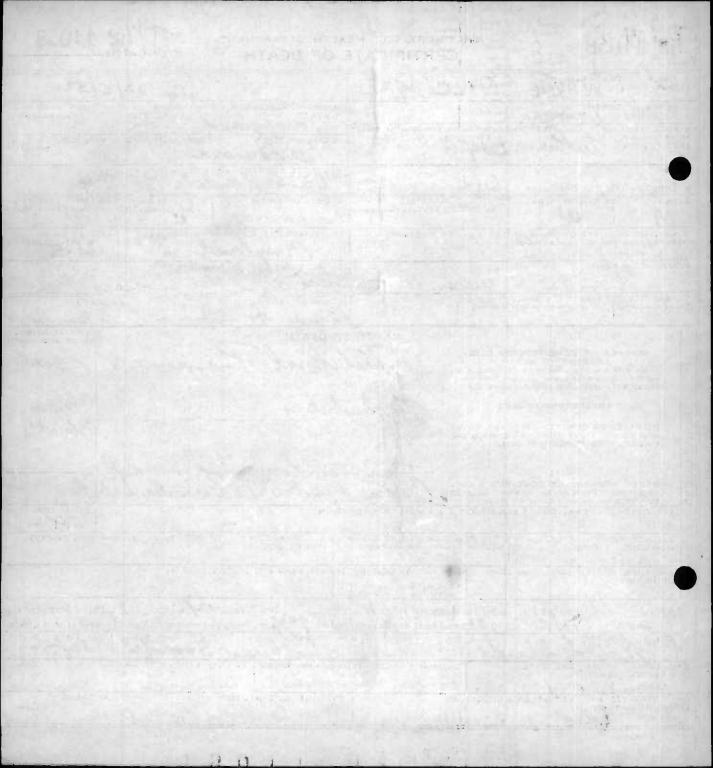
52 11057

				CERTIFICAT	E OF DEAT	H Registere	d No.
	H NO.						
(Type	AME OF DI or Print)		CLARA M	. BEHLING		2. DATE OF DEC	. 4, 1952
	ACE OF DI	EATH: City, Maryland			4. USUAL RESID	ENCE (Where deceased lived	L If institution : residence
	LL NAME		al or institut	ion, give street address or		B. COUNTY	before admission
HOSF	ITUTION			location)	C. CITY OR TOWN	(If outside corporate li	imits, write RURAL and give
		1703 E. Fed	deral S		Baltimore		-00 township)
				Yrs. Mos.		ESS (If rural, give location)	
5. SE		tay in Baltimore	7 CINCLE	Days E, MARRIED.		ederalStreet	1 6 9 1 2 9 1 1 1 1 1 1
	nale	white		ED, DIVORCED (Specify)	8. DATE OF BIRTI	1-4 15-41 3 -1	Months Days Hours Min.
10A. I	USUAL OC	CUPATION (Give kind of	108 KIND	OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
Cha	ar Woma	f working life, even if retired) n - Ret.	Penna	. R. R. Co.	Baltimore,	Maryland	WHAT COUNTRY
13. F	ATHER'S N	IAME			14. MOTHER'S MA		
	-3	Albert P.		g	Dorothea	Haupt	
15. W	AS DECEASE or unknown)	D EVER IN U. S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
				SECORITY NO.	Mrs. Hilda S	Standiford, 1705	E. Lafayette
18	. 420	0.		CAUSE	OF DEATH		INTERVAL BETWEEN
		E OR CONDITION	DIRECTLY		0 -	-11 1 -	DNSET AND DEATH
	(This does	LEADING TO DEAT not mean the mode o	f dying, e. g	., (A)	oroney	Minboon	· Kunedut
	heart failui	re, asthenia, etc. It mean complication which c	ns the diseas aused death	e, .) DUE TO	0		***************************************
		ANTECEDENT CAUS	Fe		1- 1	1 1 1-1	I G S LE MONTE LE
z				(B)	Mercaclin	tu hent des	ene several
9	RISE TO TH	OR CONDITIONS, IF	STATING TH	IG IE DUE TO			3
-A	UNDERLY	ING CONDITION LA	ST.	(C)			
ERTIFICATION							
E	OTHER S	II IGNIFICANT CONDI	TIONS CON				
	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D			
U				FINDINGS OF OPER	RATION		20. AUTOPSY?
CAL		0		THE OF SECTION			YES NO
		ENT WAS UNDER-	218. PLA	CE OF INJURY (e. g., i		OID (If in Baltimore Cit	y, give exact location)
	AUSE OF	CONTRIBUTING DEATH	about nome, f	ann, ractory, street, omce bldg.,	etc.) INJURY OCCU	JKI	
2	1D. TIME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DIE	INJURY OCCUR?	
	ר וועטטאץ		m.	WHILE AT NOT WHILE			
2	2. I hereh	u certifu that I att		deceased from	. /), that I last saw the
				and that death occur		, from the causes and or	
	3A. SIGNAT		, 1000		238. ADDRESS	,,, one or carroos with or	23c. DATE SIGNED
		Anni	5/m	₩. D.	1737 E.	North A	12/5/52
24A.	BURIAL, C	REMA- 248. DATE				24b. LOCATION (City, to	
	urial	12/8/52		Schwartz's	Cemetery	Baltimore.	Maryland
DATE	RECEIVED	DAD Same	minutes \$1		25. FUNERAL DIR	RECTOR	ADDRESS
TIF	C 6 - 16	Then I	grow V	Vollacus, My	Wm. Cook	e. he. 1217	St. Paul Street
	VS 150		a de la companya de l				
				753 5	0		



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	2 11(eth No. 2	158 30195	-	CERTIFICAT	EALTH DEPARTMENT E OF DEATH	Registered N	11058
1. f (Ty)	NAME OF D	WAYNE	4. AL	LENDER		2. DATE OF DEATH	5/52
3. F	LACE OF L	City, Maryland			4. USUAL RESIDENCE (nstitution : residence before admission)
HOS	ULL NAME SPITAL OR	OF (If not in hospi	tal or institut	tion, give preet address or Iocation)		If outside corporate limits	S 2 write RURAL and give
INS	TITUTION	Kururas	1404	use	Beltuno	re/	township)
CI	ength of s	stay in Baltimore	life	Yrs. Mos.	b. STREET ADDRESS (I.	f rural, give location)	#4
5. 5		6. COLOR OR RACE		Days E_MARRIED.	8. DATE OF BIRTH		Under 1 Year II Under 24 Hours
	M	W		VED, DIVORCED (Specify)	DEC. 22, 1951	1	ths Days Hours Min.
work d	lone during most	CCUPATION (Give kind of working life, even if retired		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
13.	FATHER'S	lande L	+ all	Conden	Hadys	V. Jefrio	
15. (Yes,	WAS DECEAS no or nnknown)	ED EVER IN U.S. ARME (If yes, give war or dat	D FORCES? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS
						lander, 832	5 Kendaleka
	18. DISEA	SE OR CONDITION	DIRECTLY		OF DEATH		ONSET AND DEATH
	(This does	LEADING TO DEA	TH of dying, e.:	g., (A) Dr	lateral In	ensereel,	1 week
		ure, asthenia, etc. It me complication which					
7		ANTECEDENT CAU	SES	Tuelus	utretion		from
RTIFICATION	RISE TO	S OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION L	STATING T	NG HE DUE TO			berta
FIC					4-0/	+ BB make	2
ERT		II SIGNIFICANT CONE G TO THE DEATH, BUT			Ken hall =	0	1. 1
U _	TO THE D	SEASE OR CONDITIO	N CAUSING		RATION		20. AUTOPSY?
Y.		39					YES NO
	21A. ACCIDI HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., i farm,factory,street,office hldg.,		(If in Baltimore City, gi	ve exact location)
5.		(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	RY OCCUR?	
	DF INJURY		m.	WHILE AT NOT WHILE			
			tended the	deceased from 11	19.53, to	12/5 , 1957	that I last saw the
-	deceased a	tige on 12/5	, 19.3.	and that death occur	rred at 3 m., from	the causes and on th	e date stated above. 23c. DATE SIENED
	11	WHOLE	rdi	м. р.	Sutteran	Hospital	12/5/52
TION	N. REMOVAL	Specify)		Las Pas	le Bancoto B.	LOCATION (City, town,	or county) (State)
DA	DUNIA TE RECEIVE CAL REGIST	D BY REGISTRAF	'S SIGNATU	JRE JRE	25. FUNERAL DIRECTOR	mercing is	ADDRESS
	IC CO	1932 4-4	1-1	1/11- 11-	Wm-Coole, &	e. 12/7 fb.	Paul Street
	VS 150		0	succession , may			

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Registered No. 11059 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEAT 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before furnission) S. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corpora le limits, writer URAL and give C. CITY OR TOWN INSTITUTION JOHNS HOPKINS HOSPITAL township) Yrs. (If rural, give location) D. STREET ADDRESS /- Mos. c. Length of stay in Baltimore __Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (in years) If Under 1 Year | If Under 24 Hours 8. DATE OF BIRTH last birthday) | Months Days | Hours | Min. WIDOWED DIVORGED IS ManhaEa 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doneduring most of working life, even if retired) WHAT COUNTRY? INDUSTRY Nousewife 3450 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME W HMUM man 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. IOHNS HOPKINS HOSPITAL INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED CE TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY DICAL YES -21c. WHERE DID (If in Baltimore City, give exact location) 218, PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING□ OR CONTRIBUTING□ CAUSE OF DEATH 21E. INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WORK 1952 to 12 - J 22. I hereby certify that I attended the deceased from 1/- 3 . 19 17 that I last saw the m., from the causes and on the date stated above. deceased alive on 2 - 5 19 2 and that death occurred at_ -23B. ADDRESS JOHNS HOPKINS HOSPITAL 23A. SIGNATURE 23c. DATE SIGNED 12-5-57 24A. BURIAL, CREMA 24C. NAME OF CEMETERY OF CREMATOR 24D. LOCATION (City, town, or county) 4B. DATE TION. REMOVAL (Specify Duria 1 ADDRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 少 切 中 有學 VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 11060

BIRTH NO.					
1. NAME OF DECEASED (Type or Print) JAME	S WALTER STEEL	E		2. DATE OF DEATH	Dec. 1. 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE		
B. FULL NAME OF (If not in hospi	ital or institution, give stree	et address or	Md.	1 1	
HOSPITAL OR 19314 Arunah	Ave.	location)		If outside cor orate lin	write RURAL and give township)
			Baltimore		
		Yrs. Mos.	o. STREET ADDRESS (
c. Length of stay in Baltimore		Days	2314 Arunah Ar	re.	
5. SEX 6. COLOR OR RACE		,	B. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year II Under 24 Hours
male white	widowed divorce married		Oct. 14, 1884	68	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kinds	f 108. KIND OF BUSIN	ESS OR	1. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
work done during most of working life, even if retired Painter		INDUSTRY	To an a Franco M		WHAT COUNTRY?
13. FATHER'S NAME	Engineering (Maryland		1
13. FATHER'S NAME	c	oust.	4. MOTHER'S MAIDEN	NAME	
James A. Steele			Margaret Maddoo	k	
15. WAS DECEASED EVER IN U. S. ARM! (Yes, no or unknown) (If yes, give war or dat	ED FORCES? 16. SOCIA	L NO	7. INFORMANT		ADDRESS
(20, 20, 20, 20, 20, 20, 20, 20, 20, 20,	218-10	-2783	Mrs. Mary K. St	eele - 237/	Arunah Ave.
118. 1210		CAUSE O			INTERVAL BETWEEN
791.01		CAUSE	DEATH		ONSET AND DEATH
DISEASE OR CONDITION LEADING TO DEA	DIRECTLY	0 6	1 1 /		1 1
This does not mean the mode	of dving og (A)	cista	ous / ve	ver	6 mo
heart failure, asthenia, etc. It rae	ans the disease,		The state of the s		***************************************
injury or complication which	caused death.) DUE TO				
ANTECEDENT CAU	SES				
Z	(B)	********************			
DISEASES OR CONDITIONS,	IF ANY, GIVING) STATING THE DUE TO				229
UNDERLYING CONDITION L	AST.				
[0]	(C)			***************************************	•••••••••••••••••••••••••••••••••••••••
DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION L UNDERLYING CONDITION L UNDERLYING CONDITION L UNDERLYING CONDITION L					
OTHER SIGNIFICANT COND	ITIONS CON-				
III TRIBUTING TO THE DEATH, BUT	NOT RELATED				
O TO THE DISEASE OR CONDITIO					
19A. DATE OF OPERATION	19B. MAJOR FINDINGS	OF OPERA	TION		20. AUTOPSY?
<u> </u>					YES NO
21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING	218. PLACE OF INJI about home, farm, factory, stre	URY (e. g., in c	2 1c. WHERE DID INJURY OCCUR?	(If in Baltimore City	y, give exact location)
ET CHOSE OF DEATH					
210. TIME (Month) (Day) (Year OF INJURY	r) (Hour) 21E. INJURY	Y OCCURRED	21F. HOW DID INJU	RY OCCUR?	
OF INSURY	m. WHILE AT	NOT WHILE			
			(Dag 1/	(
22. I hereby certify that I as	ttended the deccased f	rom Les	193 , to		57, that I last saw the
deceased alive on Lec	1952, and that d	eath occurr	ed at 6 Am., from	the causes and on	the date stated above.
23A SIGNATURE	/		B. ADDRESS		23c. DATE SIGNED
Theward O.	allens	м. р. У	300 Leberta	1473 au	12/5/52
24A. BURIAL, CREMA- 24B. DATE	124C NAME	191 . LJ .		LOCATION (City, tow	
TION, REMOVAL (Specify)					,, (20000)
Burial 12/6/5	2 Holy F	Redeemer	Cem. Ba	lto., Maryla	nd
DATE RECEIVED BY REGISTRAF	S'S SIGNATURE	2	5 FUNERAL DIRECTOR		ADDRESS
LOCAL REGISTRAR	f- 18/11.		///	100000104	· Xaia
115 1 0 = 1887 1 much	uston Williams	0 Ad 251 X	orm. J. Vu	Julius 1)	XIIII
VS 150	0	21/5 11		Ruth	17 ma.
	L dans	we of making his	A 177	emb// (A) // // // (A)	1 /.

Registered No. 11081 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE THERON **ADAMS** DEATHNOVEMber 16, 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) ('f not in hospital or institution, give street address or B. FULL NAME OF Maryland location) c. CITY OR TOWN (If outside cor orate limits, write RURAL and give INSTITUTION South Baltimore General Hospital township) Baltimore legibly. D. STREET ADDRESS (If rural, give location) Mos. E. Length of stay in Baltimore 400 W. Pratt Street Days 9. AGE (In years If Under 1 Year If Under 24 Hours Ain. 5. SEX 6. COLOR OR RACE SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) B. DATE OF BIRTH and Male White about-50 single 10A. USUAL OCCUPATION (Givekindof 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) clearly 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? State Center . Iowa Kitchen Helper Eudowood San 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death Cyrus Adams Nallie Grange WAS DECEASED EVER IN U.S. ARMED FORCES? no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. 9-16-2150 of .W. Eudowood San. Personnel Records ves causes 1B. NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEAT DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Carcinoma of the stomach with massive (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, xxxxx gastro-intestinal hemorrhage injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 YES 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB UTING | CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT NOT WHILE! especially WORK 22. I certify that I took charge of the remains described above, held an . autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes A, accident D, suicide D, homicide D, undetermined D. 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR ... 24A. BURIAL. CREMA-24B. DATE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify Hillside Cem. Removal State Center, lowa DATE RECEIVED BY REGISTRAR'S SIGNATURE 25, FUNERAL DIRECTO LOCAL REGISTRAR 151

Elm F. Vielenis Y Leny

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Registered No. CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or na O Berkstick Rd location) C. CITY OR TOWN (If outside corporate limits, write RUPAL and give INSTITUTION Chouse C (If rural, give Leation) Yrs. D. STREET ADDRESS Mos. erschiel R. c. Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months! Days Hours! Min. 2 edera! 10A. USUAL OCCUPATION (Givekind of TOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? House Way 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. of Bertisle 18. INTERVAL BETWEEN CAUSE DEATH 420.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21p. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED F INJURY NOT WHILE 1932, 19_, to 12-5-, 1952 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 4-27- 1952 and that death occurred at 12:20 h., from the causes and on the date stated above. 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24B, DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LDCATION (City, town, or county) which & Horford, TION, REMOVAL (Specify) codwell Burea DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR whaller, M. J.

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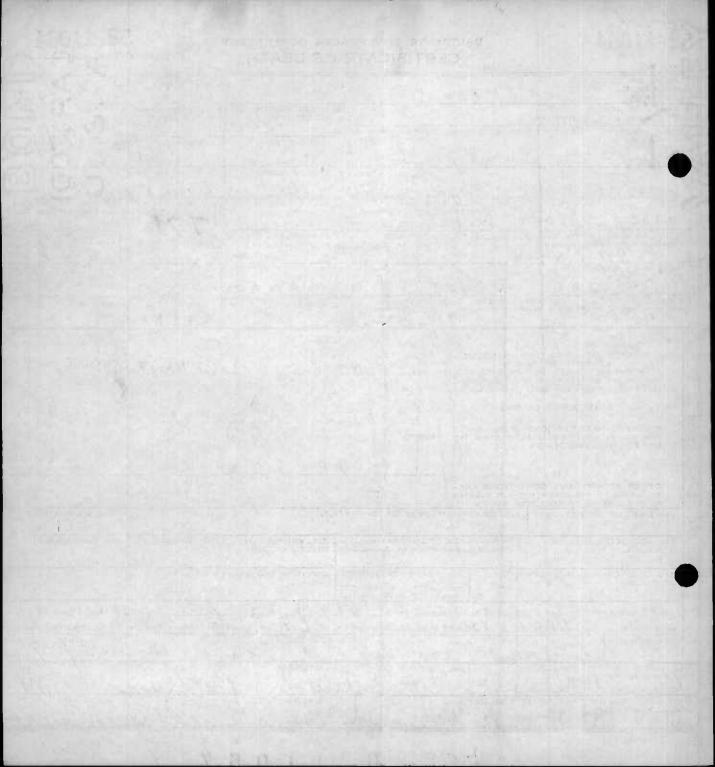
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 11063

CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' (If outside corporate Imis, Frite RUBAL and give C. CITY OR TOWN Q INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore , I ale Days 6. COLOR OR RACE If Under 1 Year 7. SINGLE, MARRIED, 9. AGE (In years) It Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours! Min. edpure e IOA. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10a KIND OF BUSINESS OR 12. CITIZEN OF ork dens during most of working life, even if retired) WHAT COUNTRY? alchman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bailey (15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. une INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? DICAL YES NO 21c. WHERE DID 218, PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE ш 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE ! WHILE AT AT WORK WORK 183 260 . 195 2that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on (6) 71, 19 %, and that death occurred at 115 14.m., from the causes and on the date stated above. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE BURTAL /6/53 AUBURN CEMETERY BALTO ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR LOCAL REGISTRATE VS 150

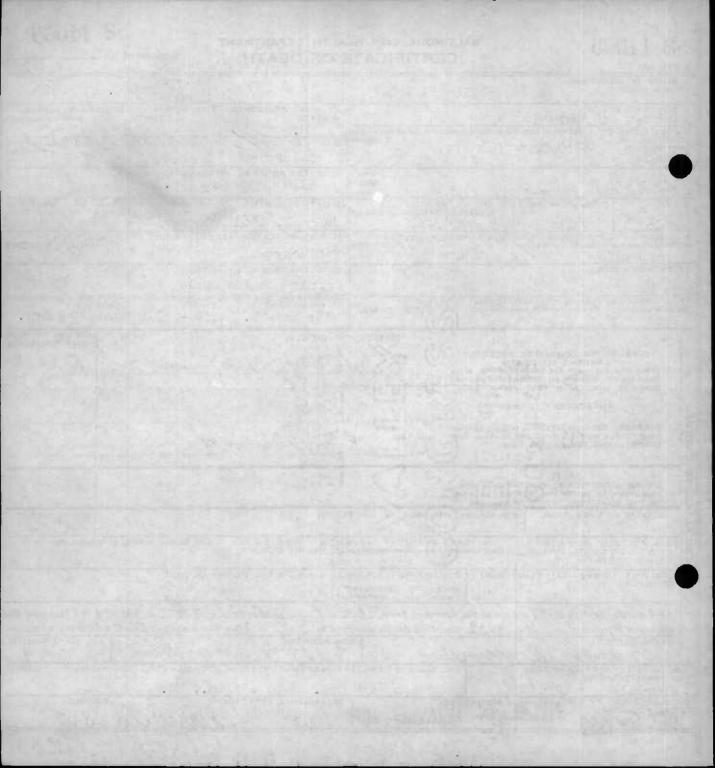
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BI	RTH NO.	CERTIFICATI	E OF DEATH	Registered No	
1.	NAME OF DECEASED	66 h C D	DICE	2. DATE /2	14/00
	PLACE OF DEATH:	MAN PI	RICE	DEATH	itution: residence
Α.	Baltimore City, Maryland		A. STATE	B. COUNTY	before admission)
HC	FULL NAME OF (If not in hospital or instit DSPITAL OR STITUTION	ution, give street address or location)		outside corporate imits w	rite RURA), and give
IN	1145 NCARE	x ST.	BALTO	10	township)
2		Yrs. Mos.	D. STREET ADDRESS (If		^=
	Length of stay in Baltimore	YIN Days	11x5 N		11.
	WIDO	LE MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If Under last hirthday) Month	n 1 Year II Under 24 Hours s Days Hours Min.
10	A. USUAL OCCUPATION (Givekind of 10B. KIN	D OF BUSINESS OR	11. BIRTHPLACE (State or f		. CITIZEN OF
work	done during most of working life, even if retired) PORTER	INDUSTRY	ST MARYS	D .	WHAT COUNTRY?
13	FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME	
	THOMAS PR	ICE	UNKNOV	VN	
15 (Yes	. WAS DECEASED EVER IN U.S. ARMED FORCES? ., no or unknown) (If yes, give war or dates of service)	16, SOCIAL SECURITY NO.	17. INFORMANT	D (ADDI	RESS
	No	7/7-07-75	72 2004	RUSKIN	
	18. 443 X	CAUSE	OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTL	Y 116	PONIC AF	THOITIC	3 YR.
	(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise injury or complication which caused dea	ase,	0 10 1	c) men A	/
	ANTECEDENT CAUSES				0. 40
Z			DIO VASCU		dyes.
LON	DISEASES OR CONDITIONS, IF ANY, GIV		PIS	EASE	
RTIFICA	UNDERLYING CONDITION LAST.	110	A = 0 == 0	• "	2405.
E	п	(c)	PERTEN	5 6 N	
日吊	OTHER SIGNIFICANT CONDITIONS C TRIBUTING TO THE DEATH, BUT NOT RELA				
U	19A. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPER		0101	20. AUTOPSY?
AL	0				YES NO
EDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. Plabout hom	LACE OF INJURY (e. g., i e, farm, factory, street, office bldg.,		If in Baltimore City, give	exact location)
	PID. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F, HOW DID INJUR	Y OCCUR7	
	OF INJURY m.	WHILE AT NOT WHILE WORK			
	22. I hereby certify that I attended th			DEC 4, 1952, t	hat I last saw the
	deceased alive on DEC 1, 1952	and that death occur	rredat 6 A.m., from t	the causes and on the	date stated above.
	234 SIGNATURE	F 1011 11 2	1928 Plus	is are	12 SIGNED
24	AA. BURIAL, CREMA 24B DATE	24C NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town, or	county) (State)
110	Burial hee 8-195.	lew las	herdal C	alternore	ma
	ATE RECEIVED BY REGISTRAR'S SIGNA	TURE	25. FUNERAL DIRECTOR	A A	DDRESS
	DEC 6 - 1957 - + + +	Williams N.S	Prooks Ju	1463	Mary St
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11		9520	01105	7	/



52 11005 BALTIMORE CITY HEALTH DEPARTMENT Registered No ... CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE Dec. 4, 1952 (Type or Print) LILLIE IRVIN DAVIS OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR limits, write RURAL and give C. CITY OR TOWN (If outside corporat 5310 Gwynn Oak Ave. INSTITUTION (ownship) Baltimore D. STREET ADDRESS (If rural, give location) Yrs Mos. 5310 Gwynn Oak Ave. c. Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) | Months | Days | Hours | Min. June 12, 1861 white wi.dowed 11. BIRTHPLACE (State or foreign country) 10A, USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Kentucky housewife at home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Maria Matilda Earle L. W. Irvin 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes. no or nuknown) SECURITY NO. Miss Mary I. Davis - 5310 Gwynn Oak Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY ONSET AND DEATH LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ERTII OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICA VES 218. PLACE OF INJURY (e. g., in or | (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY AT WORK 1951 that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 12 - 4- 19.52 and that death occurred at 3. 1. m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 244. BURIAL, CREMA- 248. DATE TION, REMOVAL (Specify) 24C NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Loudon Park Cem. Balta. ADDRESS DATE RECEIVED BY 25 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR Huntington 0 = 181

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 11066 Registered No.

1. N (Ty)	NAME OF D pe or Print)	ECEASED .	P.m.	lease	(DU	DLEY)	2. DATE OF DEATH	Decen	Den 3, 1952
A. I		City, Maryland		7	00000	4. USUAL RESIDENCE			itution: residence before admission)
HOS	ULL NAME SPITAL OR TITUTION	OF (If not in hos	spital or institu	ution, give stree		C. CITY OR TOWN	(If outside corpora	ite limits, wi	rite KURAT and give
-		TOURIC HOP	KII43		Yrs.	STREET ADDRESS	(If rural, give locat	tion)	wnship)
c. I	Length of s	tay in Baltimore			Mos. Days	52119	amen	5+	
5. 5	EX	6. COLOR OR RAC		LE. MARRIED, WED, DIVORC		DATE OF BIRTH	19. AGE (In y	ears If Under	1 Year If Under 24 Hours Days Hours Min.
TOA	USUAL OC	CUPATION (Give kin	dof 10B	OF BUSINE	SS OR	L-12-99	r foreign country)	, 12,	CITIZEN OF
work d) Will	tion life, even if retin	red)		NDUSTRY	middles	er a.	1/4 1	WHAT COUNTRY?
13.	PATHER'S I	D. The	ellis	me	7	4. MOTHER'S MAIDEN	NAME 19	leur	9
15. (Yes,	WAS DECEASI no or nnknown)	ED EVER IN U. S. AR (If yes, give war or o	MED FORCES?		1TY NO.	7. INFORMANT HOLK	INS HOSPITA	L ADD	Ess /
1	18. 43	××		/	CAUSE O	DEATH			INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDITIO	EATH		22.		in Ann		
	heart failu	not mean the mod rc, asthenia, etc. It r complication which	neans the disca	ase,			77		***************************************
		ANTECEDENT CA	USES		Dun	سمستم	and		
ON		OR CONDITIONS				nhuri.		••••••••••••••••••••••••	***************************************
CAT		ING CONDITION		(C)	• • • • • • • • • • • • • • • • • • • •				••••••
ERTIFICATION		П							
CER	TRIBUTING	IGNIFICANT CON TO THE GEATH, BI ISEASE OR CONDITI	UT NOT RELAT	TEO					
		F OPERATION		R FINDINGS	OF OPERA	TION			20. AUTOPSY?
EDICA	21A. ACCID	ENT WAS UNDER	_ 218. Pl	ACE OF INJU	IRY (e.g., in o	21c. WHERE DID	(If in Baltimore	City, give	exact location)
E E		CONTRIBUTING		e, farm, factory, stree	et, office bldg., etc.	INJURY OCCUR?			
	10. TIME	(Month) (Day) (Ye	ar) (Hour)	21E. INJURY	OCCURRED	21F. HOW DID INJU	JRY OCCUR?		
-	22 1 hamah	y certify that I	m.	WORK L	AT WORK	7 1052 40	17-2	1052 47	hat I last saw the
	deceased a	live on 12-3	, 19 52	e aeceasea fr , and that de		ed at 5 9. m., from	n the causes an	d on the d	late stated above.
	23A SIGNA	TURE 9	Alex	elm.	231	ADDRESS	KINS HOSPIT		3C. DATE SIGNED
24A	BURIAL,	REMA- 24B. DAT		24c. NAME O	ECEMETER	OR CREMATORY 340	LOCATION (Cit		country (State)
0	E RECEIVE	Dec. 2	1952 R'S SIGNAT	CAN	ullo	SEUNEBANDIRECTO	Caso	01 16	DREST Know
	AL REGIST		i for	Williams	40	1631 N	ruid O	fill	Bu.
	VS 150		4		72-5	1	()		
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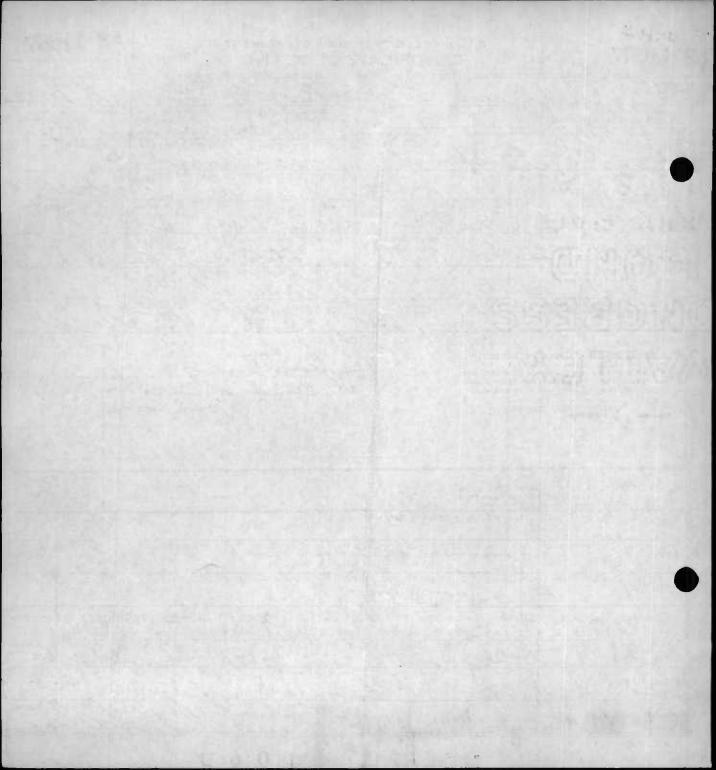
+6	36
2 1	1067
BIRTH	No.

52 11067

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL BESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTA before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN If outside corporate limits write RURAL and give INSTITUTION township) 433 umor ADDRESS (If rural, give location Mos. c. Length of stay in Baltimore 22.Days 6. COLOR OR RACE 9. AGE (In years If Under 1 Year last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED OF BUSINESS OR E (State or foreign country) 10B. KIND 12. CITIZEN OF bodone during most of working life even if retired) WHAT COUNTE Mackeman 13. FATHER'S NAME MAIDEN NAME DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) (You, no or unknown) SECURITY NO NTERVAL BETWEEN DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUF TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21c. WHERE DID 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) INJURY OCCUR? CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from 6-15 1953012 -5 1953 that I last saw the deceased alive on 12 - 4, 19 and that death occurred at 2007m. from the causes and on the date stated above, 23A. SIGNATURE 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR 24D. LOCATION (City, town, or county) 24B. DATE TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE

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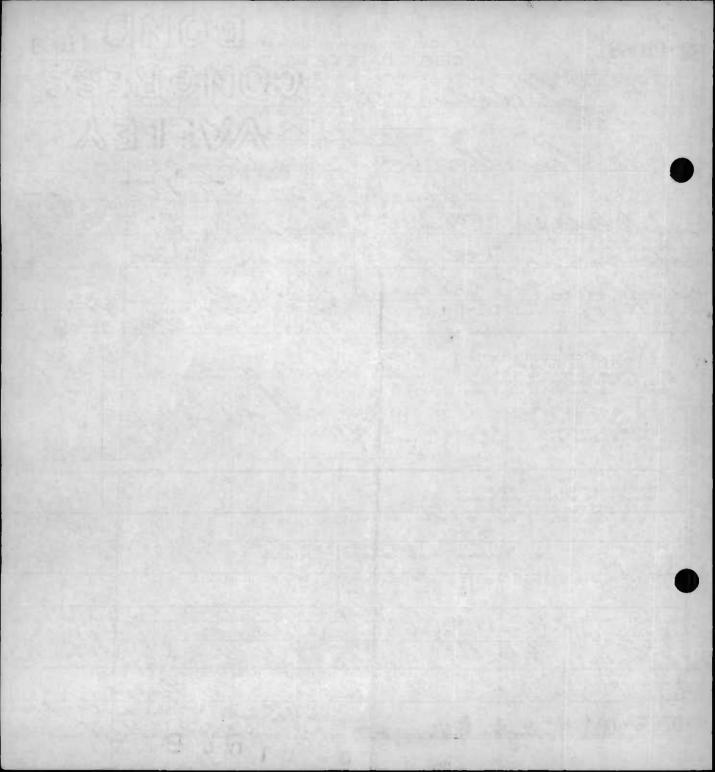
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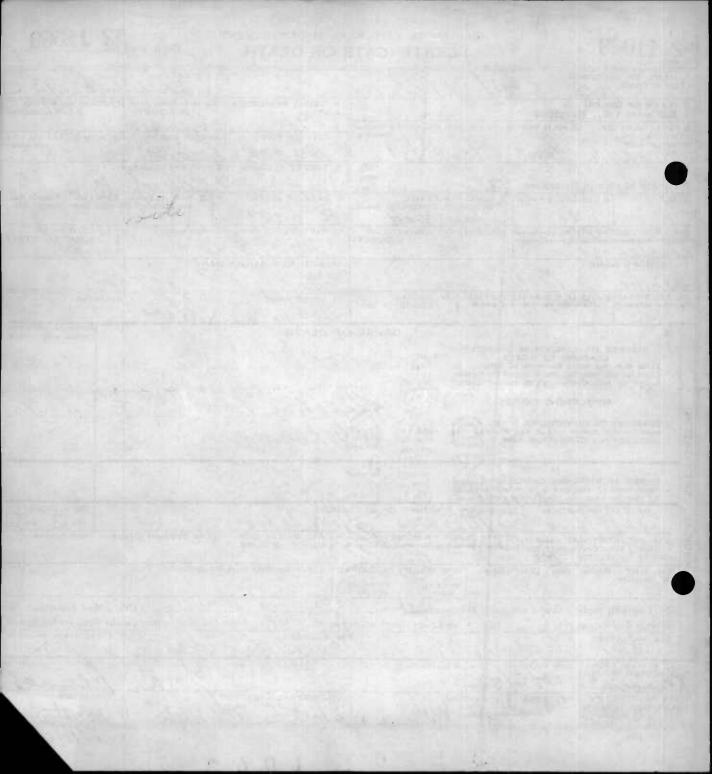
BALTIMORE CITY HEALTH DEPARTMENT

52 11068 Registered No.

BII	RTH NO.	CERTIFICATI	E OF DEATH		
	NAME OF DECEASED THOUGH	in Lee	Cale	2. DATE OF DEATH OF	5. 1952
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If i	nstitution: residence before admission)
HO	SPITAL OR	ution, give street address or location)		f outside corporate limits	write RIII A Day a give
INS	1933 Jaurell	a are.	Balt	immel	(township)
	Landle of the fire Politics	Yrs. Mos.	D. STREET ADDRESS (If	rwal, give location)"	c. 1.0
5.	Length of stay in Baltimore 6. COLOR OR RACE 7. SING	LE, MARRIED.	8/DATE OF BIRTH		Under 1 Year if Under 24 Hours
1	emale Califick	WED DIVERED (Specify)	Jan. 22, 1884	69	ths Days Hours Min.
work	done during most of working life, even if retired)	OF BUSINESS OR	11. BIRTHPLACE (State or 1	foreign country)	12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME	* mc	14. MOTHER'S MAIDEN N	IAME	w.s.a.
K	Benjamin F.	tee	anna	1	
15. (Yes,	WAS DECEASED EVER IN U, S. ARMED FORCES? no or annihowo) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	175WEGRMANTLEON	losia x	14 sture
-	10		1933 Fa	urella	(INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		OF DEATH		ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e	g., (A) May	4 Smento	e e	3 dys
	heart failure, asthenia, etc. It means the disc injury or complication which caused dea	ase, th.) DUE TO	10 111		0
	ANTECEDENT CAUSES	m	theall He	chart	1
S S	DISEASES OR CONDITIONS, IF ANY, GIV	ING THE DUE TO	n		·····
CAI	UNDERLYING CONDITION LAST.	(c)			
F	II				
ERT	OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING	TED			
U.		R FINDINGS OF OPER	RATION		20. AUTOPSY7
O.	21a. ACCIDENT WAS UNDER- 218. Pl	LACE OF INJURY (e.g., i	n or 21c. WHERE DID (If in Baltimore City, g	YES NO L
ED	LYING OR CONTRIBUTING about hom	e, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
	ID. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR		Y OCCUR?	- University
	m.	WHILE AT NOT WHILE AT WORK		1 - 1 -	
	22. I hereby certify that Lattended the deceased alive on 195	7 / //	red at 1 45 mil from		that I last saw the
-	234 SIGNATURE	and that death occur	3B ADDRESS	the gauses and on th	230 DATE SIGNED
THE PARTY NAMED IN	Males! Il only	M. D.	y 11 //fin	ton prof	(-52
T10	A. BURIAL, CREMA- 24B. DATE N. REMOVAL (Specify)	24c. NAME OF CEMETE	P. LILLAR 24B. L	OCATION (City, town,	or county) (State)
DA	TE RECEIVED BY REGISTRAR'S SIGNAT	TURE	25. FUNERAL DIRECTOR	Fuel	ADDRES Kons
	DEC6-18 H-+ +	William ME	Hallange Vr	wid lex	ill ave
	VS 150	A Comment	00110	6	
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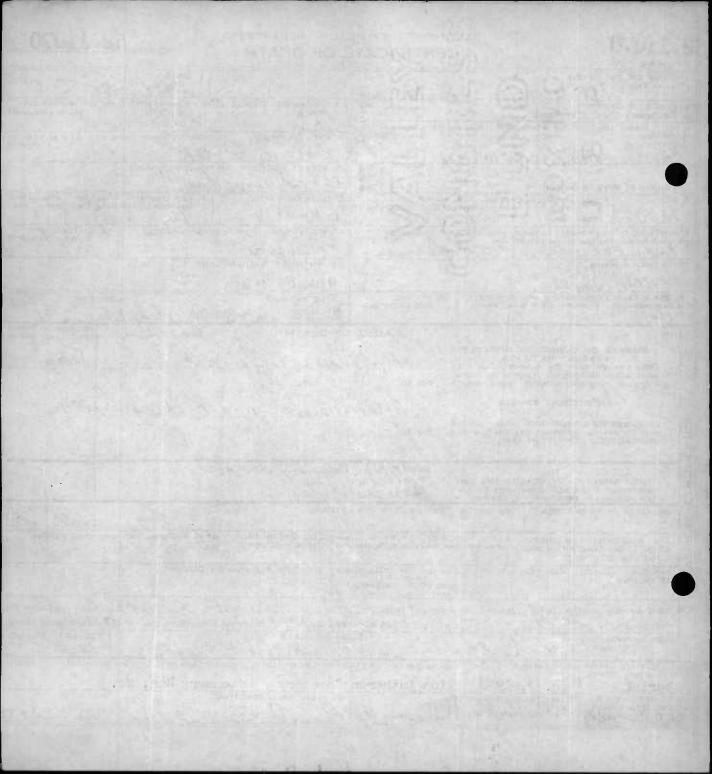


BGOFOR ATTROUR TE	
52 11069 CERTIFICAT	E OF DEATH Registered No. 11069
BIRTH NO.	Δ
1. NAME OF DECEASED (Type or Print) MRS. Ethel teler	2. DATE OF DEC. 6, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STAIE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of	Md. Washington
HOSPITAL OR INSTITUTION A HOUSE HOSPITAL OR Incention	c. CITY OR TOWN (If outside contrate limits, write RURAL and give township)
CHOKOH HOME HOSP, 10.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore 212 Days	505 W. Franklin
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	B. DATE OF BIRTH 9. AGE (in years Munder Year It Under 24 Hours Index Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, aven if retired) INDUSTR	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel 14:1/07	MORY KOYSTON
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. JNFORMANT ADDRESS
Nu	105 Dila SCORd
DISEASE OR CONDITION DIRECTLY	OF DEATH
LEADING TO DEATH (This does not mean the mode of dying, e. g.,	500 K 45 min
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
	a dating & August at 1/21.00
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(10)	HORDOMA 1/24RS.
(10)	nordoma l'ayrs.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) (C) (C)	10Rdoma
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) (C) (C) (C) (C) (C) (C) (C	hordoma
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	ATION 20. AUTOPSY?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE 21B BLACE OF INJURY (A)	ATION 20. AUTOPSY? 170 R do m q in or 21c. WHERE DID (If in Baltimore City, give exact location)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE 21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. E., about home, farm, factory, street, office bidge.	ATION 20. AUTOPSY? 170 R do m q in or 21c. WHERE DID (If in Baltimore City, give exact location)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE 21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg. CAUSE OF DEATH OF INJURY 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	PATION 20. AUTOPSY? 70
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE 21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING About home, farm, factory, street, office bidg. CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	POR DO MQ 20. AUTOPSY? 10 R DO MQ 21c. WHERE DID (If in Baltimore City, give exact location) 11c. D 21c. HOW DID INJURY OCCUR?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Shout home, farm, factory, street, office bidge. CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 22. I hereby certify that I attended the deceased from	PATION 20. AUTOPSY? 10. AUTOPSY? 10. AUTOPSY? 10. AUTOPSY? 10. NO 10. NO 11. NO 21. WHERE DID 11. INJURY OCCUR? 12. AUTOPSY? 12. NO 21. NO 21. NO 21. HOW DID INJURY OCCUR? 21. HOW DID INJURY OCCUR? 22. AUTOPSY? 10. AUTOPSY?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESATE, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE LYING OR CONTRIBUTING Shout home, farm, factory, street, office bldg. CAUSE OF DEATH 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Shout home, farm, factory, street, office bldg. CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 226 and that death occur	POR DO MQ 20. AUTOPSY? 10 R DO MQ 21c. WHERE DID (If in Baltimore City, give exact location) 11c. D 21c. HOW DID INJURY OCCUR?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE 21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING About home, farm, factory, street, office bldg. CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 126, 196 and that death occur 236. SIGNATURE M. D.	20. AUTOPSY? 10. OR DO M. Q 11. OR DO M. Q 12. OR DO M. Q 12. OR DO M. Q 13. OR DO M. Q 14. OR DO M. Q 15. OR DO M. Q 16. OR DO M. Q 17. OR DO M. Q 18. OR DO M. Q 19. OR DO M. Q
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY 21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bidg. CAUSE OF DEATH OF INJURY 22. I hereby certify that I attended the deceased from deceased alive on 26 , 196 and that death occur 231. SIGNATURE 241. BURIAL, CREMA- 248. DATS 1240. BURIAL, CREMA- 248. DATS 1241. BURIAL, CREMA- 248. DATS 1242. BURIAL, CREMA- 248. DATS 1243. BURIAL, CREMA- 248. DATS 1244. BURIAL, CREMA- 248. DATS 1245. BURIAL, CREMA- 248. DATS 1246. REMOVAL (Specify) 15 AUGUST 15 AUGUST 16 A	PATION PATION
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY 21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bidg. CAUSE OF DEATH OF INJURY 22. I hereby certify that I attended the deceased from deceased alive on 126, 196 and that death occur 23. SIGNATURE DATE RECEIVED BY REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR REGISTRAR'S SIGNATURE	20. AUTOPSY? 170 R. G. M. Q. in or 21c. WHERE DID (If in Baltimore City, give exact location) 18ED 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 22 3 , 196 7to
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING OR CONTRIBUTING ON CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) (Hour) 22A. SIGNATURE 24D. BORIAL, CREMA- 24B. DATE TION BEMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL-REGISTRAR REGISTRAR'S SIGNATURE	20. AUTOPSY? 170 R GO M Q in or 21c. WHERE DID (If in Baltimore City, give exact location) 18ED 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 22 3 , 196 7to

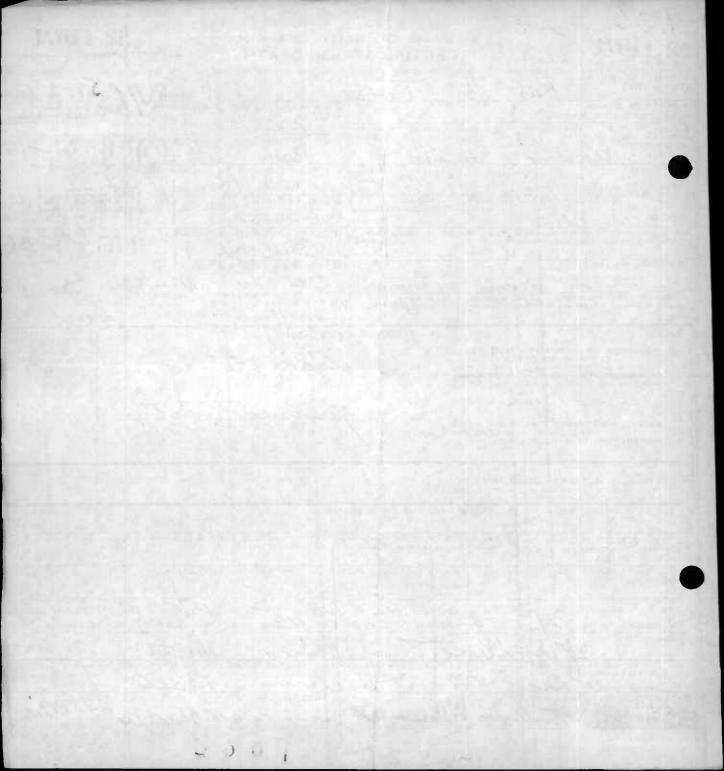


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ВІ	RTH	NO	

Registered No. 11070 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE AB. COUNTY before admission) DALTIMORE (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) 也到 CHurch DALTIMORE (If rural, give location) D. STREET ADDRESS Yrs. Mos. c. Length of stay in Baltimore Davs If Under 1 Year 9. AGE (in years) 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED B. DATE OF BIRTH WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. WIDOWEV 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? vork done during most of working life, even if retired) INDUSTRY Ketinepounfarm 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HEMRY. HOUZEH Umith 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) i (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. (Yes, no or unknown) Mo INTERVAL BETWEEN 18. CAUSE OF DEATH 420,0 ONSET AND OEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (Myocardial IN farction heart failure, asthenia, etc. It means the disease, DUE TO injury or complication which caused death.) ANTECEDENT CAUSES Afterioslerotic HEAVT distast RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) MULTIPLE PulmonAry IN FATLT; OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION YES X NO 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., io or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE WHILE AT WORK 22. I hereby certify that I attended the deceased from 1/- 2 1952 to 1952 that I last saw the 19 52 and that death occurred at 12:07 Pm., from the causes and on the date stated above. deceased alive on 12-4 23c. DATE SIGNED 23A. SIGNATURE 24A. BURIAL CREMA-TION, REMOVAL (Specify) 240. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY 24B. DATE Stemmers Run. Md. Dec. 7, 1952 Zion Lutheran Cemetery burial ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR Hundryglow EC B.F 7401 Belair Ro



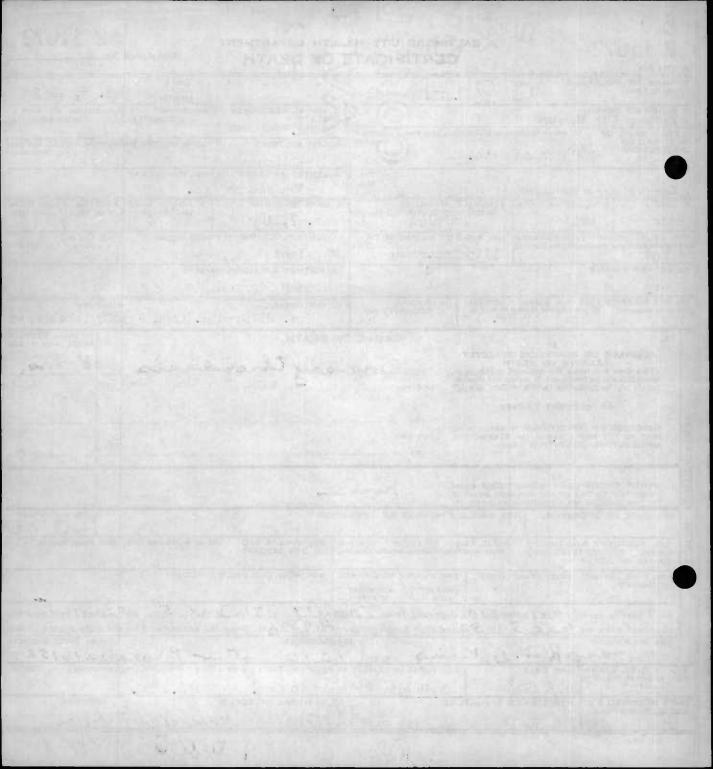
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508	2 110°	71 - 2869	BAI	CERTIFICAT	EALTH DEPARTMEN E OF DEATH	T Registere	52 11071 d No.
1.	NAME OF D	ECEASED Ruth	Ann	1 Rotmon	,	2. DATE. OF DEATH	2/5/52
	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE	(Where deceased lived B. COUNTY	. If institution : residence before admission)
HC	SPITAL OR	OF If not in hosp	ital or institut	tion, give street address or location)		(If outside corporate li	mits, write RURAL and give
lN	STITUTION	FROUIDENT	4	spital	Balto.		(ownship)
				Yrs.		(If yural, give location)	-/
7.1		tay in Baltimore	-1.5.011101	Days		9. AGE(In years	57.
	Fe male	OLGROR RAC	WIDOV	E, MARRIED, VED, DIVORCED (Specify)	11-29-52	last birthday)	Months Days Hours Min.
Wnrk	A. USUAL OC done during most	CUPATION (Give kind of working life, even if retire	nf 10B. KINE	O OF BUSINESS OR INDUSTRY	Balto, mo		12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	AME	1		14. MOTHER'S MAIDEN	NAME	7 ; ,
	JA.		emon	Inotmon	ORa Lee	o nay hi	e Kd
(Yes	, no or unknown)	D EVER IN U.S. ARM (If you, give war or de	tes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		Same
-	18. 47/			CAUSE	OF DEATH		INTERVAL BETWEEN
FICATION	heart failu injury or DISEASES RISE TO T	not mean the mode re, asthenia, etc. It m complication which ANTECEDENT CAI S OR CONDITIONS, HE ABOVE CAUSE (A VING CONDITION	eans the disease caused death JSES IF ANY, GIVII	NG (B)		herity	>
CERTIFIC	TRIBUTING	IGNIFICANT CON TO THE DEATH, BU ISEASE OR CONDITION	T NOT RELAT	ED			
		F OPERATION		FINDINGS OF OPER	RATION		20. AUTOPSY?
V		E S	21a DI	ACE OF INJURY (e.g.,	n nr 21c, WHERE DID	(If in Raltimore Cit	y, give exact location)
MEDICAL	LYING OF		about hnme,	farm, factory, street, nflice bldg.,	etc.) INJURY OCCUR?		y, sive exact location;
	OF INJURY	(Month) (Day) (Yes	ir) (Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE		JRY OCCUR?	
laity			m.	WORK AT WORK		12/-	73
		y certify that you	ttended the	deceased from//	190 V, to_		that I last saw the
	deceased a		, 19 32	and that death occu	rred at G.m., from	n the causes and or	n the date stated above.
SI D	5	orle	Eller	Men M. D.	PROVIDENT	Hospital	
TIC	A. BURIAL, ON, REMOVAL (S	CREMA- Specify)	5	24C. NAME OF CEMETE	RY OR CREMATORY 24D	LOCATION (City, to	wn, or county) (State)
	Bun	rd Ruc	8~1	- nu	25. FUNERAL DIRECTO	Ballo	ADDRESS
COL	ATE RECEIVE DCAL REGIST	RAR I	R'S SIGNAT	Villiama. M.F.	Jan 18	asterio	ADDRESS 119 chu
	VS 150	1 1 2000	8	/	1	1	
1)			1	0 F 2 0	0110	5 4	



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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF Dec. 5, 1952 MELVIN S. MANN DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits write RURAL and give INSTITUTION 380h Wabash Ave. township) Ba'ltimore Yrs. D. STREET ADDRESS (If rural, give location) 380h Wabash Ave. c. Length of stay in Baltimore Davs 9. AGE (In years | it Under 1 Year | it Under 24 Hours | Months Days | Hours | Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify)
married Apr. 7, 1890 male 10a, USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Life Insurance Maryland Agent 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Mann Hannah Simpson 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, an or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, an or unknown) SECURITY NO. Mrs. Mildred H. Mann - 380h Wabash Ave World War No. yes INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) Coronary Chombia LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION DICAL YES 218. PLACE OF INJURY (e.g., in nr 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from May 17, 195/to Dec 5, 1952, that I last saw the deceased alive on Dec 5, 19 5 2and that death occurred at 939 Am., from the causes and on the date stated above. 238. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24A. BURHAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24B. DATE Burial Hebrew Friendship Cem. ADORESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR LOCAL REGISTRAR 5-40-

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ERTIFICATION

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0 44692	BALTIMORE CITY	HE
2 11073 BIRTH NO.	CERTIFIC	ATE

12/8/52

60	I TIMOBE CITY HE	ALTH DEPARTMENT	1	52 11073
2 11073			Registered	
BIRTH NO.	CERTIFICATE	OF DEATH	avog.stereu	110
1. NAME OF DECEASED (Type or Print) MARY EL	LEN KIRK		2. DATE OF DEATH	Dec. 5, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. B. COUNTY	If institution: residence before admission)
B. FULL NAME OF (If not in hospital or institu		Md.	A	15
HOSPITAL OR INSTITUTION Methodist Home	for the Aged	c. CITY OR TOWN (If	cutside corporate lin	its, write RUKAL and give township)
	Yrs.		rural, give location)	
c. Length of stay in Baltimore	Mos. Days	2211 W. Roger	s Ave.	
5. SEX 6.COLOR OR RACE 7. SINGLE WIDO	E. MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	Months Days Hours Min.
female white sing	000 (July 9, 1880	72	
10A. USUAL OCCUPATION (Give kind of lob. KIN rork done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
-		Maryland		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
William Kirk		Ellen Mullin		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
***	SECONITI NO.	Mrs. Mamie B.	Fisher - 2	2211 W. R gers
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the dises injury or complication which caused deat	g., (A) Car	of DEATH	on	Interval between onset and death 4 months
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVE RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.				4
OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING	ED			
19A. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPER			20. AUTOPSY?
E ZIA. ACCIDENT WAS DIRECT. ZIB. I	ACE OF INJURY (e. g., in e, farm, factory, street, office bldg., e	i or 21c. WHERE DID (I to.) INJURY OCCUR?	f in Baltimore City	, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	21F. HOW DID INJURY	OCCUR?	
22. I hereby certify that I attended th	e deceased from Augu	st , 1952, to De	cember , 195	2, that I last saw the
		red at 2:30Pm., from th		
23A. SIGNATURS O		3B. ADDRESS		23c. DATE SIGNED
Methery		800 West 33rd St	reet-11	12-6-52
24A. BURIAL, CREMA- 24B. DATE	24C. NAME OF CEMETE	RY OR CREMATORY 24D. LC	OCATION (City, tow	n, or county) (State)

Mt. Zion Meth. Ch. Cem.

25 FUNERAL PIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR untinglow 6-1050

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Freeland, Md.

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Burial

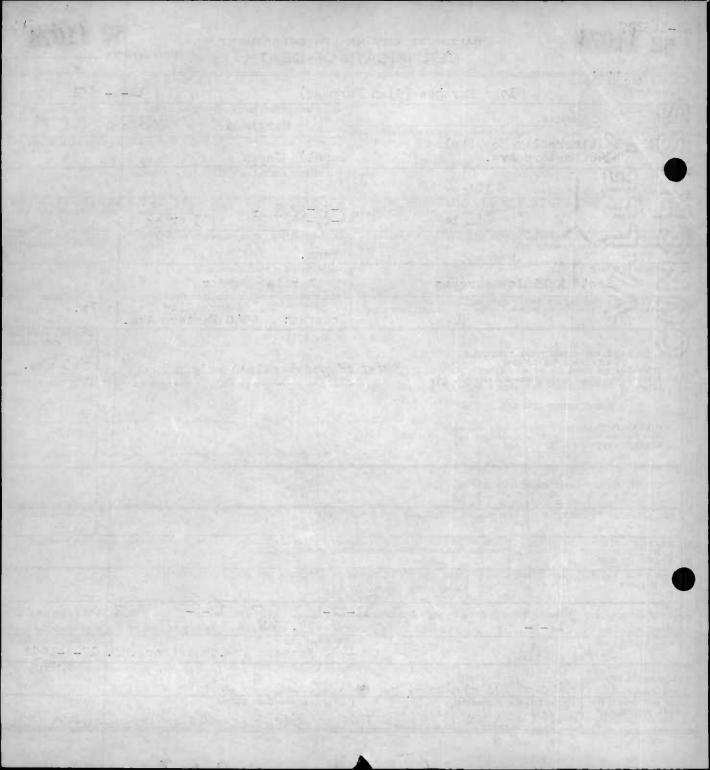
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BALTIMORE CITY HEALTH DEPARTMENT

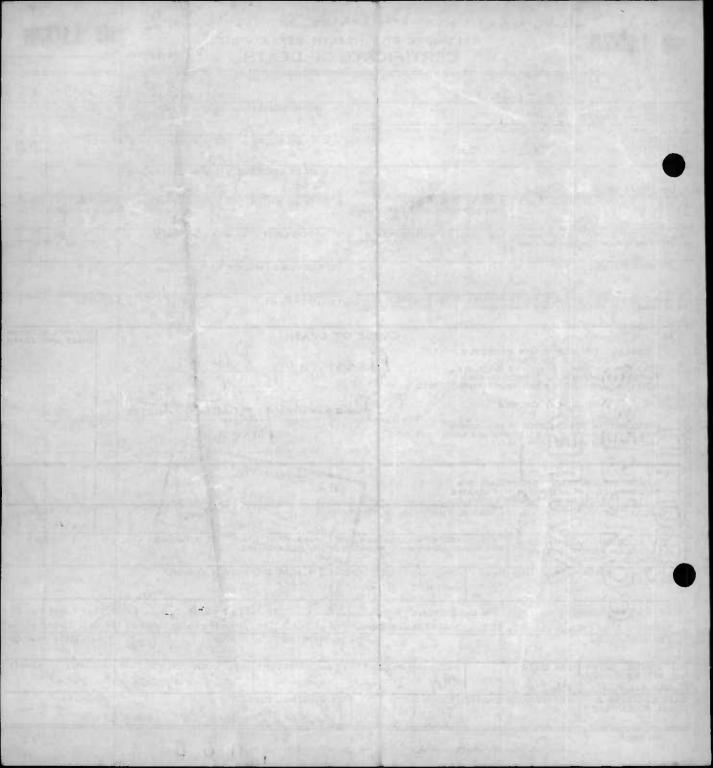
52 1107A

Registered No_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) Glann Furches (Glan Furches) 12-6-1952 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY Harford A. Baltimore City. Maryland A. STATE before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL ORBaltimoreCity Hospitals location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN township) 4940 Eastern Ave. Rural) Joppa D. STREET ADDRESS (If rural, give location) Yrs. Mos. 14days c. Length of stay in Baltimore Days 7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single 6. COLOR OR RACE 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. 4-28-1927 or 25 10A. USUAL OCCUPATION (Givekind of) 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY work done during most of working life, even if retired) WHAT COUNTRY? Tenn. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Scott McKinley Furches Bertie Snyder 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or detes of service) 16. SOCIAL 17. INFORMANTaltimore City Hospitals, SECURITY NO. 4940 Eastern Ave. Records: INTERVAL BETWEEN 18. CAUSE OF DEATH 88.8 DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 3 wks. (A) Fever of undetermined origin (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ERTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20 AUTOPSY 19B. MAJOR FINDINGS OF OPERATION YES Z 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? PID. TIME (Month) (Day) (Year) (Hour) F INJURY , 1952, to 12-6-22. I hereby certify that I attended the deceased from 11-22-. 1952, that I last saw the 12-6- 19 52, and that death occurred at 4.15AM, from the causes and on the date stated above. deceased alive on_ 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 4940 Eastern Ave. Baltimore Md. 12-6-1952 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Burial monatury DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS



3.6	ned.	Exami	mer C	ose Belle	ued to s	hortidest	
5	2 110	75			EALTH DEPARTM		52 11075 ered No.
ВІ	RTH NO.			CERTIFICAT	E OF DEATH	1	010u 110
	NAME OF D ype or Print)	ECEASED	Lucille	tord		2. DATE OF DEATH	lec. 3,1952
	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDE	NCE (Where deceased li	ived. If institution: residence NTY before admission)
HO	FULL NAME			on, give street address of location		(If outside corpora	te limits, write RURAL and give
.ĮN	STITUTION	OHNS HOPK	INS HOSPITA		Bott	more -	5-02 township)
7	99			Yrs. Mos.	D. STREET ADDRE	SS (If rural, give locat	ion
		tay in Baltimor		Days		rorreal	St.
7	emale	6. COLOR OR RA		. MARRIED, ED, DIVORCED (Specif	8. DATE OF BIRTH	9. AGE (In you last birthd:	ears If Under 1 Year ay) Months Days Hours Min.
		CUPATION Give ki of working life, even if ref		OF BUSINESS OR INDUSTR		tate or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	. FATHER'S	NAME			14. MOTHER'S MAI		
		ED EVER IN U. S. Al (If yes, give war or		16. SOCIAL SECURITY NO.	17. INFORMANT	HOPKINS HOSPIT	ADDRESS
ERTIFICATION	(This does heart failt injury or DISEASE RISE TO T	SE OR CONDITION LEADING TO IS not mean the moure, asthenia, etc. It complication whith the complication will be complicated by the complication of the	DEATH de of dying, e. g means the disease ch caused death. CAUSES IS, IF ANY, GIVIN (A) STATING TH	DUE TO P	esportory a	Edema Obstructio	ONSET AND DEATH
CERT	TRIBUTING	SIGNIFICANT CO G TO THE DEATH, I	BUT NOT RELATE	D	NOT A MEDICAL	low the	
		OF OPERATION	19B. MAJOR	FINDINGS OF OP	RATION WELL	DOAL EXAMINER	YES ND
EDICAL		DENT WAS UNDER CONTRIBUTION DEATH		CE OF INJURY (e. g. arm,factory,street,office bldg	nor 2100 WHERE D	(If in Baltimore	City, give exact location)
	21D. TIME OF INJURY	(Month) (Day) (Y	V	21E. INJURY OCCUR	E	INJURY OCCUR?	
	22. I herel deceased a 23A. SIGNA	live on	n. attended the , 19	deceased from and that death occ	rred at 105 Pm.,	HOPKINS HOSPIT	that I last saw the don the date stated above
27	AA. BURIAL.		6/52	MY OWNE	ERY OR CREMATORY	24b. LOCATION (git	y, town, or county) (State)
D.	ATE RECEIVE		ran's signatu	Lliaus M. 7?	Plus D	Wilson 11	Bundly
	VS 150	To be O	boundy	by med	Experient	000	ave

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52	11076
BIRTH	NO.

VS 150000

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BALTIMORE CITY HEALTH DEPARTMENT Registered No.__ CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE OF John DEATH 12/3 Simms 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland Balto. before admission) B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or Maryland location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 106 North Bruce Street Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos c. Length of stay in Baltimore 7 Mos. 106 North Bruce Street Days 5 SEX 6. COLOR OR RACE 9. AGE (In years If Under 1 Year last birthday) Months Days Hours Min. 7. SINGLE: MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Male Col. Married May.28.1892 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY Corker Ship Prince George Co.Md. . S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME David Helen Simms 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. No Lottie Simms 106 N.Bruce St INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Careenone of Large Interview LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) FINJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK 22. I hereby certify that I attended the deceased from /Y-/-, 19 7, to /V-3, 19 7, that I last saw the deceased alive on /Y- 7, 19 7, and that death occurred at 6 2 m., from the causes and on the date stated above. 23A. GNATURE 23c. DATE SIGNED 1707 nacion ave ノアーケーグア 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24B. DATE Mt Calvery Cem. Brooklyn Md. ~ 1000 Benety DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR LOCAL REGISTRAR C / - 1057

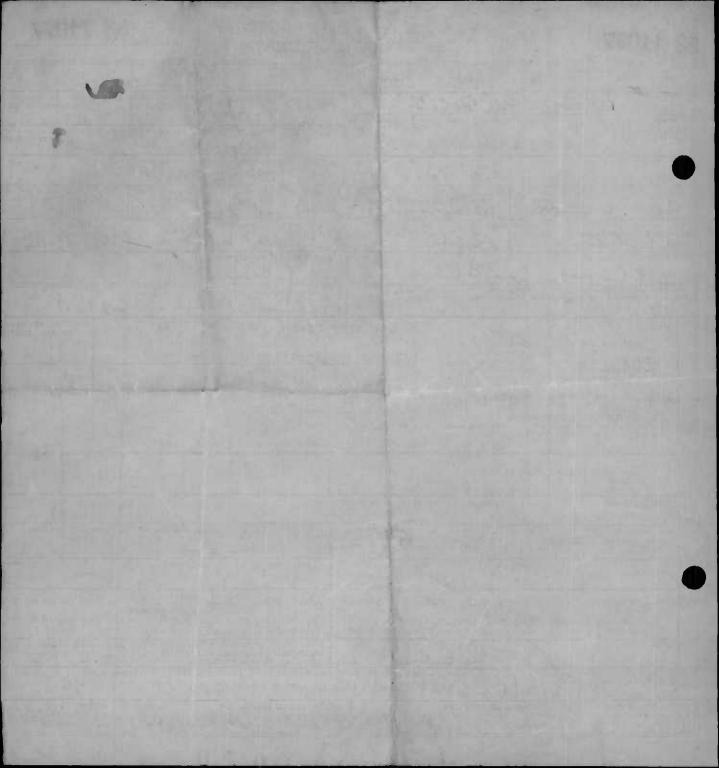
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

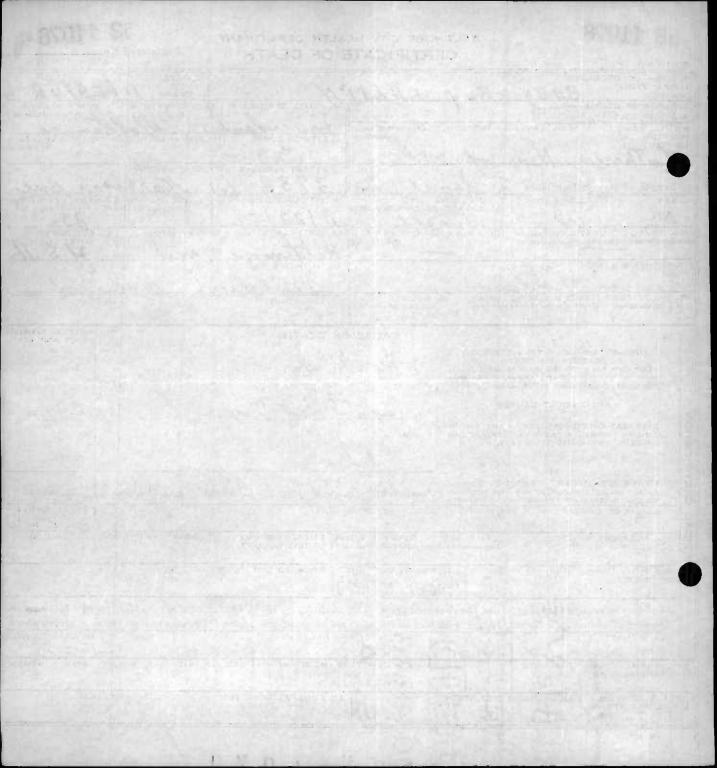
52 11077 Registered No.

BIRTH NO.								
i. NAME OF (Type or Print)		JAMES	CARTER			2. DATE OF DEATH	Dec. 1, 1	1952
3. PLACE OF A. Baltimore	City, Maryland	Palto. C	itis	A. ST		(Where deceased I	lived. If institution	n: residence fore admission)
B. FULL NAME HOSPITAL OR INSTITUTION			give reet address location			(If outside corpora	ate limits, write R	URAL and give township)
3.7	reroy no	oproar	Yr		Baltimo REET ADDRESS (ition)	
Length of	stay in Baltimore	HO 9	Mo Da	y.8	209 Eas	t Street	rears If Under 1 Year	If Under 24 Hours
Male	Colored	WIDOWED	DIVORCED (Spec		4.15.189		day) Months Day	
10A. USUAL O	CCUPATION (Give kind of the forwarding life, even if retired)	Belo	BUSINESS OR INDUST	11. BI	ATHPLACE (State or	foreign country)		ZEN OF
13. FATHER'S	NAME C	iter	>	14. M	OTHER'S MAIDEN	NAME 2		
	SED EVER IN U. S. ARME! (If yes, give war or date	FORCES? 10	SECURITY NO	17,1N	FORMANT	wally b	2178	8 The ans
	81.0.	1	CAUS	E OF DI	EATH apl	5 Mily		RVAL BETWEEN ET AND DEATH
DISE	ASE OR CONDITION LEADING TO DEA	TH	Totter	1 ~ 617	tration of '	1 4 47 0.00	O.K.S.	LI AND DEATH
heart fai	es not mean the mode dure, asthenia, etc. It means or complication which	ns the disease.	(A) TRULY	10111	tration of	TTAGL		
	ANTECEDENT CAUS	- Charles						
	ES OR CONDITIONS, I		(B)	***************************************				••••••••••••••••
UNDERI	LYING CONDITION LA		(C)					***************************************
OTHER TRIBUTION	II SIGNIFICANT CONDI NG TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED						
U 19A. DATE			NDINGS OF OP	ERATION			1	AUTOPSY?
UNDERLYII	RNAL CAUSE WAS NG OR CONTRIB- CAUSE OF DEATH.		OF INJURY (e. (factory, street, office blo		c. WHERE DID JURY OCCUR?	(If in Baltimore	City, give exac	t location)
	(Month) (Day) (Year)	(Hour) 21E m. WHIL wo		LE	F. HOW DID INJU	RY OCCUR?		
22. I cert	tify that I took char				held ana	utopsy y, Inspection or I		on and from
and d	vidence obtained by leath in my opinion	said Autopsy resulted from	y, Inspection on n: natural cau	ses 🛛, a	, find that said coident \square , suicident	deceased died le \square , homicid	on the day $e \square$, undeterm	nined \square .
23A. SIGNA	ATURE	Fish	ie	AS	B. CHIEF MEDICAL SISTANT MEDICAL DICAL INVESTIGA	L EXAMINER		1952
24A. BURIAL. TION, REMOVAL	(Specify)	52 N	NAME OF CEME	HLY OR C	REMATORY 24D.	BALLO	, rug	(State)
DATE RECEIV LOCAL REGIS		s SIGNATURE	iaus, M.F	是	INERAL DIRECTOR	ilson 11	PA BORE	ntegacy
V S 151	(4			1. 5	_ ()			1



52 11078 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. DATE 1. NAME OF DECEASED (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH B. COUNTY A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or marken (If outside corporate limits, write RURAL and give HOSPITAL OR location' CITY OR TOWN Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days rrron 7. SINGLE MARRIED.
WIDOWED, DIVONCED (Specify) 6. COLOR OR RACE If Under 1 Year 5. SEX 9. AGE (In years) last birthday) Months Days Hours Min. NI 108. KIND OF BUSINESS OR 12. CITIZEN OF 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) work done doring most of working life, even if retired) INDUSTRY WHAT COUN 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME own Mun 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, ho) or onknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. none INTERVAL BETWEEN 54.4 CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID 21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! AT WORK WORK 22. I hereby certify that I attended the deceased from 1/-22 1952. top A 11-24 . 195 that I last saw the 11-24, 1952, and that death occurred at 650 m., from the causes and on the date stated above. deceased alive on___ 23B ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 12-3-52 24A. BURIAL CRENAL 24D. LOCATION (City, town, or county) 24B, DATE 24C, NAME OF CEMETERY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY LOCAL REGISTRAR Englow

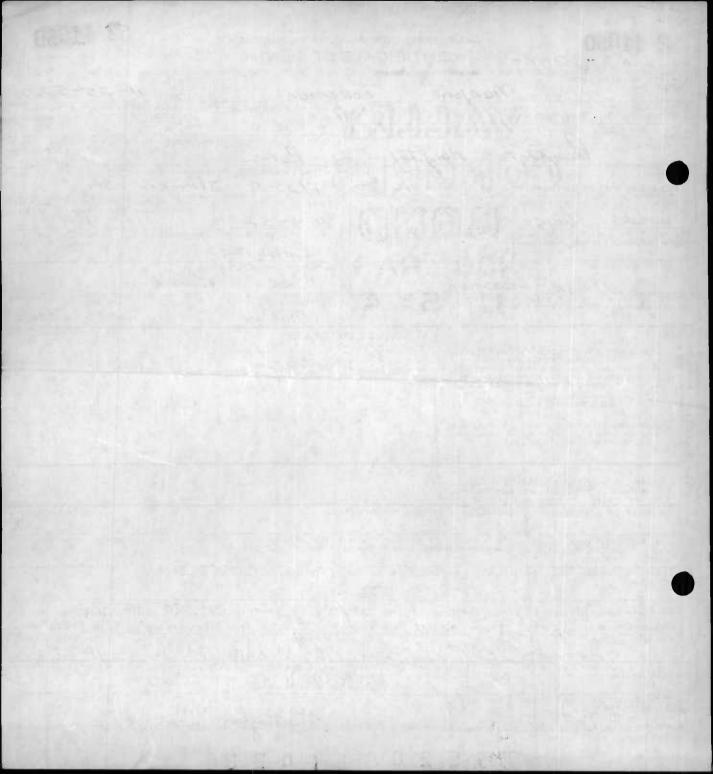
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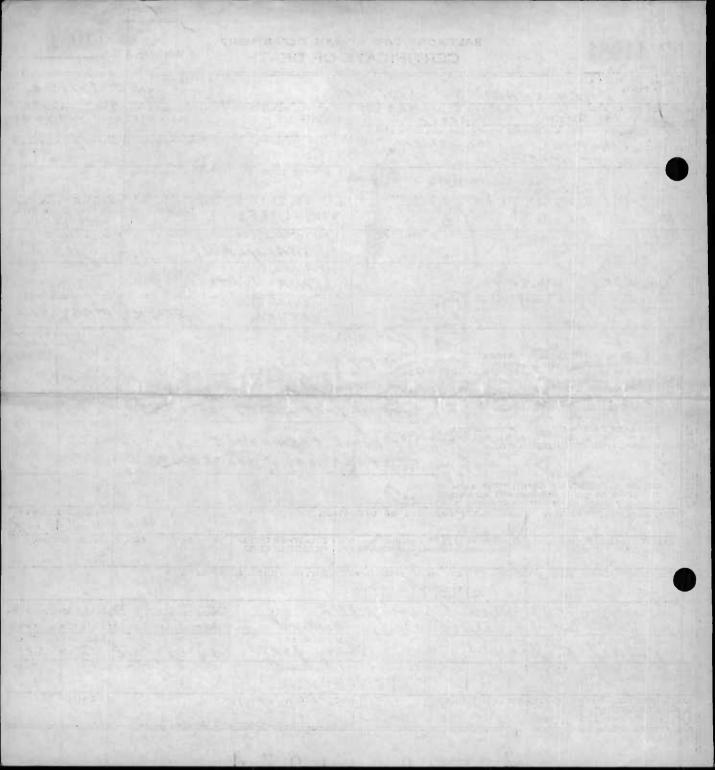
2 11079 BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO. 7 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH Your 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE . B. COUNTY BALTO. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RURAL and give c. CITY OR TOWN TOHNS HOPKINS HOSPITAL D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours last birthday) Months; Days Hours; Min. 36 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF vork done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or nnknown) SECURITY NO. ALLIS HOPKINS HOSPITAL INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the diseasc. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPS 1 comon court YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 11-22, 1952 to 11-22, 1952, that I last saw the 22. I hereby certify that I attended the deceased from_ dceeased alive on 11-22, 1952, and that death occurred at 336 Am., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED SOUNC HODRING HOSPITAL 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR untruglow VS 150

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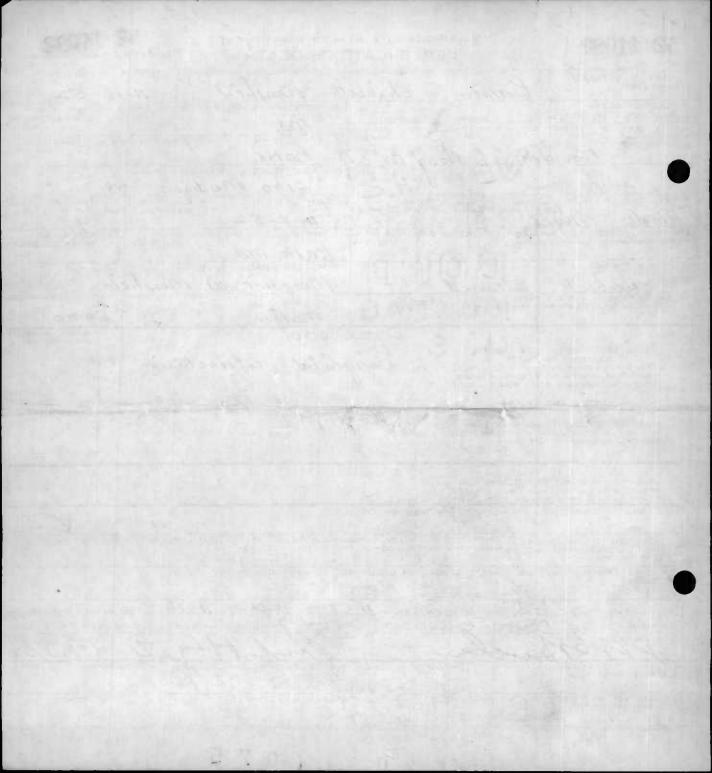
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1	52 11080	BA	LTIMORE CITY HE	EALTH DEPARTMENT	. 52	11080
	- A - A - C- C-		CERTIFICATI		Registered No.	
-	IRTH NO. 9 2 108 7					
(NAME OF DECEASED Type or Print)	magi	1	0.00	2. DATE. OF // - 6	25-52
3	PLACE OF DEATH:	Marj	orie Fol	Reman	DEATH	
Total Control	Baltimore City, Maryland			A. STATE	B. COUNTY	before admission)
H	OSPITAL OR	al or institu	tion, give street address or location)		If outside corporate limits,	maita DIIDAT
11	Roudent	-	dosital	Rable	le outside corporate inines,	township)
7			Yrs.	D. STREET ADDRESS (1	f rural, give location)	Control Control
C	Length of stay in Baltimore		16 Mos.	1135 1.	STRICKER S	+.
	SEX 6. COLOR OR RACE		E, MARRIED.	8. DATE OF BIRTH	9. AGE (In years) If Un	der 1 Year If Under 24 Hours
	temale negres	WIDOV	VED, DIVORCED (Specify)	11-10-52	last birthday) Mont	hs Days Hours Min.
	A. USUAL OCCUPATION (Give kind of	10B. KINI	O OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country) 12	2. CITIZEN OF
WOI	k done during most of working life, even if retired)		INDUSTRY	Batto, ma	,	WHAT COUNTRY?
13	FATHER'S NAME	0		14. MOTHER'S MAIDEN I		
	David -	brema	10	Coea	Bunch	
13	. WAS DECEASED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		DRESS
(1)	s, no or unknown) (If yes, give war or dates	of service)	SECURITY NO.	MoTher		ne addees
-	18. 7 7 / 4		CALISE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION I	DIRECTI Y	0	J. DEATH		ONSET AND DEATH
	LEADING TO DEAT (This does not mean the mode of	H	" " Pre	maturity-		
В.	heart failure, asthenia, etc. It mean injury or complication which co	as the diseas	se,		······································	
			a.) DUE TO			
7	ANTECEDENT CAUS	ES	(B)			
0	DISEASES OR CONDITIONS, IF		NG	***************************************	***************************************	
A	UNDERLYING CONDITION LAS		(C)			
210			(0)		***************************************	
RTIFICATION	OTHER SIGNIFICANT CONDI	TIONS COL				
ш	TRIBUTING TO THE DEATH, BUT I	NOT RELAT	ED			
O			FINDINGS OF OPER	ATION		20. AUTOPSY?
AL	0					YES NO X
임	21A. ACCIDENT WAS UNDER-		ACE OF INJURY (e. g., in	or 21c. WHERE DID	(If in Baltimore City, give	e exact location)
Ш	LYING OR CONTRIBUTING CAUSE OF DEATH	about nome,	tarm, ractory, acreet, omce mug., e	INJURY OCCURY		
Σ	21D. TIME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	ED 21F. HOW DID INJUF	RY OCCUR?	
-	OF INJURY		WHILE AT NOT WHILE	7,	,	
	22. I hereby certify that I att			/10 1952/to	11/25 1052	that I last saw the
	deceased alive on 125	1952	and that death occur	red at/050 m. from	the causes and on the	date stated above
	23A. SIGNATURE	X	2	3B. ADDRESS		23C. DATE SIGNED
	(homes	1/18	Tackul M. D.	703 W. Lafas	rette Ave.	11-27-52
2 TI	AA. BURIAL CREMA- 248 DATE		24C NAME OF CEMETE	RY OR CREMATORY 24D	LOCATION (City, town, or	county) (State)
_			THIN HI	LVIU2 WFDICAT 2CHOAT DE	C 6 1952	
	ATE RECEIVED BY REGISTRAR	SIGNAT	IRE	25. FUNERAL DIRECTOR	luin A	DDRESS
	EC 7-1952 Huntin	aton 1	Velliams MD	Huntington	Williams M.F.	
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		1	and fine his	1 1 0 2 3		



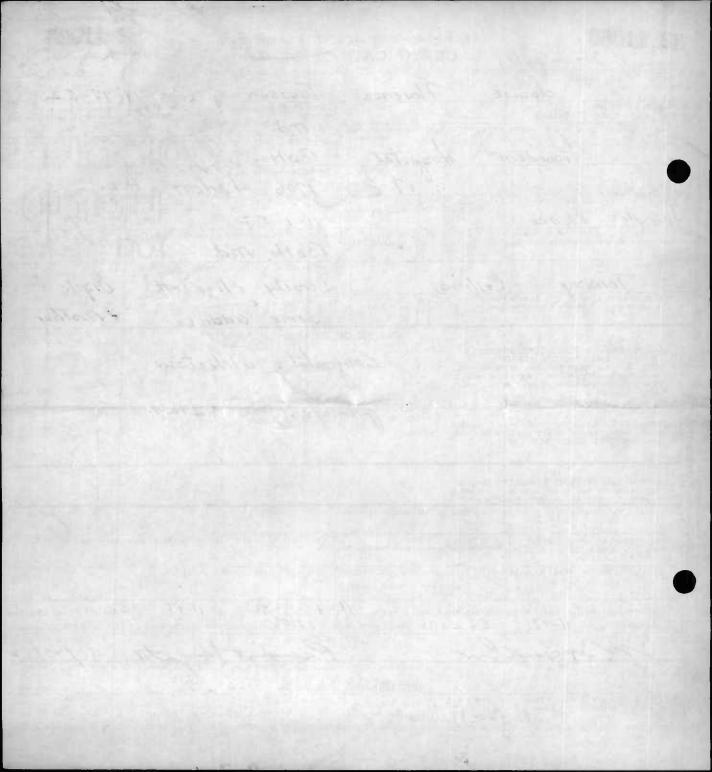
52 11084 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE DEC. 3. 195 Z (Type or Print) WILHELM OF 3. PLACE OF DEATH: HOST. FOR THE WOMEN OF 4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. Baltimore City, Maryland MACULAND. A. STATE BABY CHARLES before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR HOSPITAL FOR THE WOMEN location) (If outside corporate limits, write RURAL and give OF MAKULAND D. STREET ADDRESS (If rural, give location) MOS. c. Length of stay in Baltimore Days 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years H Under 1 Year If Under 24 Hours last birthday) Months Days Hours; Min. WIDOWED, DIVORCED (Specify) NOV. 26, 1952 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY MAKULAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME NAYLOR CHARLES 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SPARKS, MARYLAND 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. MOTHER INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO EMATURE ONSET OF LABOR ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING PARTIAL PREMATURE RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. SEPARATION OF PLACENTA OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION EDICAL 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) NOT WHILE [WHILE AT 22. I hereby certify that I attended the deceased from Nov. 36 152 to DEC. 3 . 1952 that I last saw the deceased alive on DEC . 3 1952, and that death occurred at m., from the causes and on the date stated above. 23A. SHONATURE A/MILLE N 24A. BORIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE VS 150



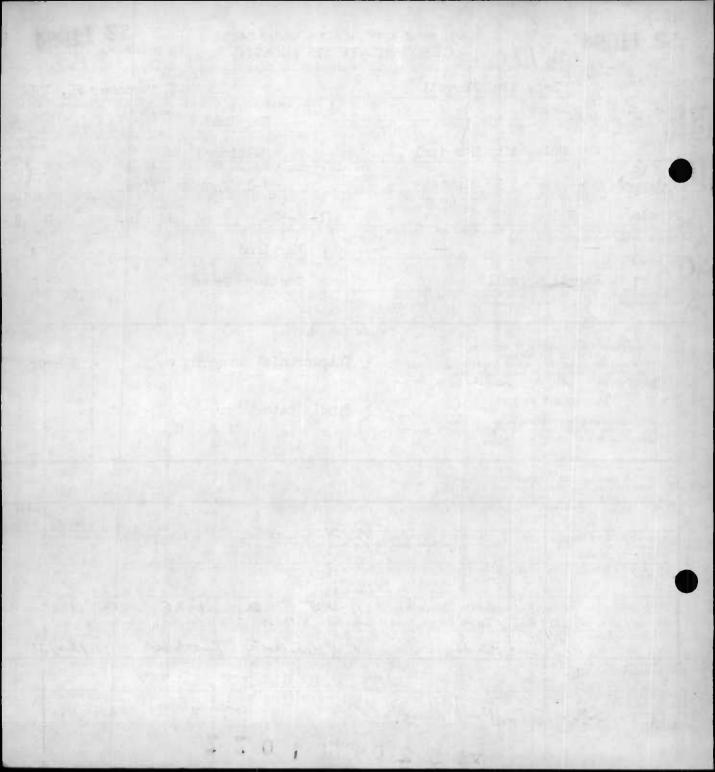
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l e	52 11082 IRTH NO. 52-26914		EALTH DEPARTMENT E OF DEATH	Registered No.	11082
1	NAME OF DECEASED Rem	iét Elizabe	ett Manfield	2. DATE. OF DEATH //-/6	-52
A	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or in	astitution, give street address or	4. USUAL RESIDENCE (W		
H	OSPITAL OR PROVIDENT	Hos 10 tol		outside corporate limits. w	rite RURAL and give township)
0	Length of stay in Baltimore	Yrs. Mos. Days		rural, give location) Ave.	
5		NGLE, MARRIED, IDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		or I Year If Under 24 Hours S Days Hours Min.
To wor	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 12	CITIZEN OF WHAT COUNTRY
1:	S. FATHER'S NAME	ned	14. MOTHER'S MAIDEN NA	1. May field	
1 (Y	5. WAS DECEASED EVER IN U. S. ARMED FORC (If yes, give war or dates of serv	ES? 16. SOCIAL SECURITY NO.	17. INFORMANT Mother	ADDI	RESS
	18. 962. 5 DISEASE OR CONDITION DIRECT		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused	g, e, g., (A) Condisease.	genital atel	ectasis	
z	ANTECEDENT CAUSES	,	naturity (3/	6 6078)	
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATII UNDERLYING CONDITION LAST.				
TIFIC	OTHER SIGNIFICANT CONDITIONS				
CER	TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS	ELATED ING IT.			
AL	19a. DATE OF OPERATION 19B. MA	NOR FINDINGS OF OPER	RATION		20. AUTOPSY7
EDICA		3. PLACE OF INJURY (e. g., i home, farm, factory, street, office bldg.,	n or 21c. WHERE DID (Inste.) INJURY OCCUR?	f in Baltimore City, give	
	PID. TIME (Month) (Day) (Year) (Hour of INJURY	WHILE AT NOT WHILE	ED 21F. HOW DID INJURY	OCCUR?	
	22. I hereby certify that I attended	the deceased from _//	- 8 , 1952 to	11-16, 1957	hat I last saw the
	deceased alive on 11-16, 19.	and that death occur	rred at +39. m., from th	re causes and on the c	late stated above.
	100 mg	M.D.	front 1	togethe.	11/25/52
	4A. BURIAL, CREMA- ON, REMOVAL (Specify)	24c. NAME OF CEMETE	SWELLICAL SCHOOL DEC 2	1952	coupty) (State)
	ATE RECEIVED BY REGISTRAR'S SIG	A 18/100	25. FUNERAL DIRECTOR		DDRESS
	DEC 7 - 1952	C TEMPORE !	1900 Commence	Tild !" V	
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!		BALTIMORE CITY HE	EALTH DEPARTMENT	52	11083
В	IRTH NO. 5 2 - 26307	CERTIFICAT	E OF DEATH	Registered No	
	NAME OF DECEASED Sype or Print)	Florence	Towson	2. DATE OF DEATH	7-52
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE	Where deceased lived. If in	stitution : residence before admission)
В.		titution, give street address or location)	md.		
	roudent Provident	Hospital	Batto.	If outside corporate limits,	write RURAL and give township)
	anoth of stay in Baltiman	Yrs. Mos.	D. STREET ADDRESS	f rural, give location	
-	Length of stay in Baltimore SEX 6. COLOR OF RACE 7. SIN	GLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years) II UI	ender 1 Year If Under 24 Hours
-:	Jemale Degro WII	DOWED, DIVORCED (Specify)	11-1-52	last birthday) Mont	hs Days Hours Min.
wor	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Balto ma	foreign country) 1	2. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	2
- 15	Tommy Col	lins	Dorothy 61.	Rabett &	11995
(Ye	was deceased ever wu, s. armed force s, no or unknown) (If yes, give war or dates of service	S? 16. SOCIAL SECURITY NO.	17. INFORMANT & ad	dress	Mother
	18. 762.5	CAUSE	OF DEATH	areas	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECT		. 41		ONSET AND DEATH
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the di		genital ate	leeTasis	
	injury or complication which caused d				
5	ANTECEDENT CAUSES	n.	- JL	(4/65)	
O	DISEASES OR CONDITIONS, IF ANY, G	IVING (B)	marurity	(410)	***************************************
F	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	G THE DUE TO			
2		(C)	***************************************		
RTIFICATION	OTHER SIGNIFICANT CONDITIONS				
国	TRIBUTING TO THE DEATH, BUT NOT RE	LATED			
U		JOR FINDINGS OF OPER	ATION		20. AUTOPSY?
SAL	2				YES NO
MEDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	PLACE OF INJURY (e. g., in ome, farm, factory, street, office bldg., e	to.) 21C, WHERE DID to.) INJURY OCCUR?	(If in Baltimore City, giv	e exact location)
2	21D. TIME (Month) (Day) (Year) (Hour) DF INJURY	21E. INJURY OCCURRE	D 21F. HOW DID INJUR	RY OCCUR?	
		n. WHILE AT NOT WHILE			
	22. I hereby certify that I attended	the deceased from	11-1 ,1952/to	11-17 ,1952	that I last saw the
ы	deceased alive on 11-17, 195	2. and that death occur		the eauses and on the	date stated above.
	23A. SIGNATURE	2	38. ADDRESS	11 -	23C. DATE SIGNED
24	AA. BURIAL, CREMA- ON, REMOVAL (Specify)	M. D. 24c. NAME of CEMETER	RY OR CREMATORY 24D.	LOCATION (City, town, or	coupty) (State)
TIC	ON, REMOVAL (Specify)	JOHN HUPKINS (1952	
	TE RECEIVED BY REGISTRAR'S SIGN		25. FUNERAL DIRECTOR	1006a	DDRESS
L	Tuntington	- Williams M.	Murtin	gton WII:	1173
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		1 7 5 2 0	17 1 1 0 7		



	14 52 110	084	9	SALTIMORE CITY H	EALTH DEPARTME E OF DEATH		52 Registered No	11084
	NAME OF (Type or Print)	Baby G	irl N	orvell		2. DA		r 25, 1952
A.		City, Maryland			4. USUAL RESIDENC	E (Where dec	ceased lived. If in	stitution : residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospital Univers.		itution, give street address of location	C. CITY OR TOWN	(If outside	corporate limits,	write RURAL and give township)
				Yrs.	D. STREET ADDRESS	(If rural, gi		7 7
5.	Length of s sex Female	stay in Baltimore 6. COLOR OR RACE White	7. SIN	inutes Days GLE, MARRIED, OWED, DIVORCED (Specify	8. DATE OF BIRTH	last	E (In years If Un	nder I Year If Under 24 Hours hs. Days Hours Min.
worl	k done during most	CCUPATION (Give kind of of working life, even if retired)	10в. К	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State			2. CITIZEN OF WHAT COUNTRY?
13	3. FATHER'S	NAME Harold Norve	-77		Dorothy	N NAME Brown		
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES	7 16. SOCIAL SECURITY NO.	17. INFORMANT	DIOWI	ADE	DRESS
ERTIFICATION	DISEASE RISE TO UNDERL	Complication which complication which complete causes of the cause (a) and complete causes (b) and complete causes (c) and c) an	F ANY, GI	VING (B)	Precipitate lab	or		
AL CE	TO THE C	DISEASE OR CONDITION	CAUSIN		RATION			20. AUTOPSY?
EDICA		DENT WAS UNDER-		PLACE OF INJURY (e. g., me, farm, factory, street, office bldg.,		(If in Ba	ltimore City, giv	YES NO L
Σ	21D. TIME OF INJURY		(Hour)	21E. INJURY OCCURE WHILE AT NOT WHILE WORK AT WORK		JURY OCCU	R?	
	22. I herel deceased a 23A. SIGNA	live on 11/25	their		-25, 1952, to rred at 6:00 Am., fro 23B. ADDRESS	om the caus	ses and on the	that I last saw the date stated above.
TIC	4A. BURIAL, ON, REMOVAL (Specify		24C. NAME OF CEMETE	PKINS MEDICAL SCHOOL	EC 3	1952	
	OCAL REGIST	registrar	sign	Williams, M.F.	25. FUNERAL DIRECT	entingto	1/3/200	IDDRESS
	VS 150		0	95200	1107	7		



1620					X	
52 1108	5	ВА	CERTIFICAT	EALTH DEPARTMENT E OF DEATH	Registered	Ro.11085
1. NAME OF DECE. (Type or Print)	VI-	rg.	Urick		2. DATE OF DEATH	-19-19-2
3. PLACE OF DEAT A. Baltimore City,	H: Maryland		70 00 70	4. USUAL RESIDENCE (institution : residence before admission)
B. FULL NAME OF HOSPITAL OR INSTITUTION			tion, give street address or location)		f outside corporate limi	ts, write RURAL and give
•			Yrs.	D. STREET ADDRESS (II	f rural, give location)	6600 township)
c. Length of stay			Mos. Days			
male 7	VILLE		E. MARRIED, WED, DIVORCED (Specify)	5-17- 92	9. AGE (In years last birthday)	if Under 1 Year on this Days Hours Min.
10A. USUAL OCCUP work done during most of work	ATION (Give kind of king life, even if retired	10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or 1	foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAMI				14. MOTHER'S MAIDEN N	IAME	
15. WAS DECEASED EV	/ER IN U. S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	TOSPITAL A	DDRESS
18. 148		01 01 001	SECURITY NO.	JOHNS HOLKINS	1100111-13	INTERVAL BETWEEN
injury or com ANT Z DISEASES OR RISE TO THE A	condition L	SES IF ANY, GIVI	h.) DUE TO (B) Care	inoma f P	lary	•
TRIBUTING TO	II IFICANT CONE THE DEATH, BUT	NOT RELAT	'ED			
19A. DATE OF O	PERATION		R FINDINGS OF OPER	ATION		20. AUTØPSY?
Z1A. ACCIDENT LYING☐ OR CO CAUSE OF DEA	NTRIBUTING		ACE OF INJURY (e. g., in farm, factory, street, office bldg.,		(If in Baltimore City,	YES NO L
21D. TIME (Mon'	th) (Day) (Year	r) (Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		Y OCCUR?	
22. I hereby ce	rtify, that Lat	tended the	deceased from //	192, to 1		that I last saw the
deceased alive		Lyn	and that death occur	3B. ADDRESS	HOSPITAL	he date stated above. 23c. DATE SIGNED 11/21/52
24A. BURIAL, CREM TION, REMOVAL (Specif	A- 247. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town	or county) / (State)
DATE RECEIVED BY	40.00	es signat	Williams, My	25. FUNERAL DIRECTOR	+ 11/4-	ADDRESS
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+ the good of State in itemical.

52 11086 52 11086 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE (Type or Print) KELMAN LEDA OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OF TOWN (If outside corporate limits, write RURAL and give Kospita INSTITUTION D. STREET ADDRESS (If paral, give location) Yrs. Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Give kind of 11_BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? falerman 13. FATHER'S NAME 14. MOTHER'S MAJDEN NAME moun 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no or nnknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or nnknown) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY7 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT, SUICIDE. (If in Baltimore City, give exact location) 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY 12/5, 1952, that I last saw the 22. I hereby certify that I attended the deceased from 12/5 1954 to_ , 19 52, and that death occurred at 950 m., from the eauses and on the date stated above. 28A. SIGNA 23c. DATE SIGNED BURIAL, CREMA-NAME OF CEMETERY OF CHEMATORY 24D. LOCATION (City, town, or county) REMOVAL Specify DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR 1 wilington VS 150

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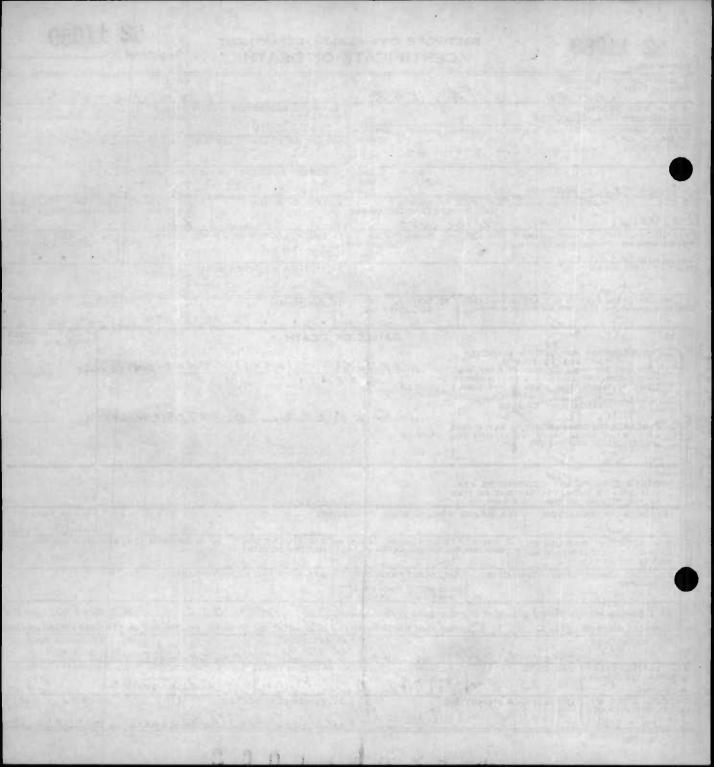
Registered No. 11087 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 2000 (If rural, give location) Yrs. D. STREET ADDRESS 2,50 c. Length of stay in Baltimore Degree' SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH AGÉ (in years If Under 1 Year If Under 24 Hours last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) emake maruso 10A. USUAL OCCUPATION (Give kind of work down during most of working life, even if retired) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? House wife 1 13 FATHER'S NAME 14. MOTHER'S MAJDEN NAME anum 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE ATT WORK AT WORK 19 5 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on . 195 and that death occurred at _m. from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c/DATE SIGNED 24D. LOCATION (City, town, or county) 244 BURIAL, CREMA-TION REMOVAL (Specify) 24B. DATE 24C, NAME OF CEMETERY OR (State) una DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150000

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52 11088 BIRTH NO.			Registered No.	11088	
1. NAME OF DECEASED (Type or Print) 2. DATE OF DECEMber 6,195					
3. PLACE OF DEATH: A. Baltimore City, Maryland Balti	4. USUAL RESIDENCE A. STATE	(Where deceased lived, If ins			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION		c. CITY OR TOWN (If outside corporate limits, write RURAL and give			
4600 Liberty Heigh	Baltimore / 5 0 (township) D. STREET ADDRESS (If rural, give location)				
c. Length of stay in Baltimore 50 years Yrs. Mos. Days		3032 Walbrook Ave			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 9. AGE (In years I Under 1 Year If Under 24 Hours I under 24 Hours Min.			
10A. USUAL OCCUPATION (Givekind of 10B.	idowed KIND OF BUSINESS OR	October 19.1		2. CITIZEN OF	
Secretary Equitable Insuran 13. FATHER'S NAME		V.			
William Thomas Wilkinson		Mary Ellen Sears			
15. WAS DECEASED EVER IN U.S. ARMED FORC Yes, no or unknown) (If yes, give war or dates of servi	ES7 16. SOCIAL SECURITY NO	17. INFORMANT	ADD	RESS	
NO	218-32-304	BMarion P. Ar	macost 4600 I	iberty Hgh	
DISEASE OR CONDITION DIRECTLY					
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,					
injury or complication which caused death.) DUE TO ANTECEDENT CAUSES					
D DISEASES OR CONDITIONS, IF ANY, GIVING					
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?	
YES NO LANGE OF CONTRIBUTING About home, farm, factory, street, office bldg., etc.) INJURY OCCUR?					
CAUSE OF DEATH					
OF INJURY	21E. INJURY OCCURRI		RY OCCUR?		
22. I hereby certify that I attended the deceased from, 1952, to 5, 1982 that I last saw the					
deceased alive on 1, 1952, and that death occurred at 12 SAm., from the causes and on the date stated above. 23a. SIGNATURE 23b. ADDRESS 23c. DATE SIGNED					
24a. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)					
Burial 12-9-52 Loudon Park Cemetery Baltimore, Maryland					
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS					
vs 150 Ut Turtington Williams My 6 Usworth Urmacoa)					
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52 11090

BALTIMORE CITY HEALTH DEPARTMENT

52 11090 Registered No.

BIRTH NO.	OI DEATH				
1. NAME OF DECEASED (Type or Print) TIEV, GYEGOYV AloySIUS	Campbell, C.M 2. DATE OF 12-5-52				
	USUAL RESIDENCE (Where deceased lived, If institution: residence STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or	Pennsylvania V 3				
HOSPITAL OR location) C.	CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
The Deton Institute	STREET ADDRESS (If rural, give location)				
Total Control Delling (Sub 1140 A Con Mos.	1020 E. Price St. Phila. Par				
5. SEX 6. COLOR OR RACE 7 SINGLE, MARRIED, 8.	DATE OF BIRTH 9. AGE (in years) If Under I Year If Under 24 Hours				
White WIDOWED, DIVORCED (Specify) 7	7/29/1887 last birthday) Months Days Hours Min.				
10A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR Work dome during most of working life, even if retired)	1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY				
Catholic Priest	Baltimore NId, U.S.A.				
13. FATHER'S NAME	4. MOTHER'S MAIDEN NAME				
Thomas H. Campbell	Katherine Ilvnn				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	7. INFORMANT ADDRESS				
	The Seton Institute				
18. 331 X CAUSE OF	DEATH INTERVAL BETWEEN				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH By Construct the second to the second					
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase,					
injury or complication which caused death.) DUE TO					
ANTECEDENT CAUSES asteria selerosis 7					
Z O DISEASES OR CONDITIONS, IF ANY, GIVING					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
<u>[2]</u>					
OTHER SIGNIFICANT CONDITIONS CON-					
TRIBUTING TO THE DEATH, BUT NOT RELATED					
TO THE DISEASE OR CONDITION CAUSING IT.	ION 20, AUTOPSY?				
O V	YES NO				
YES NO L 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or 21C. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., etc.) INJURY OCCUR?					
L CAUSE OF DEATH					
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?				
m. WHILE AT NOT WHILE AT WORK					
22. I hereby certify that I attended the deceased from let 25, 1937 to Sec 5, 1952 that I last saw the					
deceased alive on 12/5, 1952, and that death occurred at 113 An., from the causes and on the date stated above					
23A. SIGNATURE 23B.	ADDRESS 23c. DATE SIGNED				
24a. BURIAL, CREMA- 24B. DATE 44C. NAME OF CEMETERY	OR CREMATORY 24D. LOCATION (City, town, or gounty) (State)				
BURIAL BURIAL Baltimore Md.					
DATE RECEIVED BY REGISTRAR'S SIGNATURE . 25 FUNERAL DIRECTOR ADDRESS					
DEC. 7 - 1059 Tuntington Williams M. FAHEY&SONS 401 SUFFOLK Rd.					
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1 9 5 2 45 00 10 0 0					

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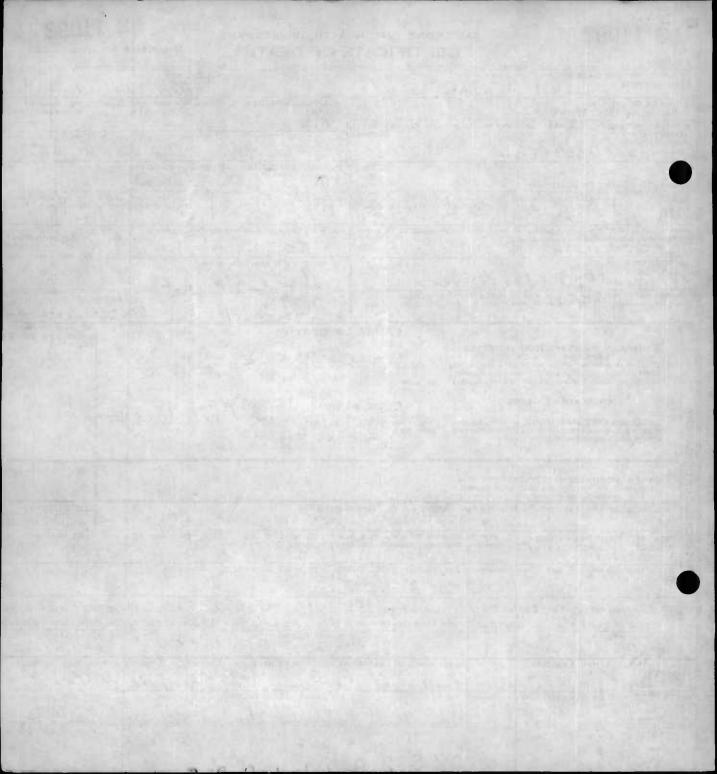
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52 11092 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) ROWN, FRANCIS DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) HOSPITAL SINAI DROOKLYN o, STREET ADDRESS Alf rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years) If Under I Year WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of) work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? ELECTRIC IAN VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY PULMONARY EDEM LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, RIGHT LUN injury or complication which caused death.) DUE TO (B) SURFICAL REMOVAL OF OUE TO LEFT LUNG FOR BRONCHIFENIC ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) CARCINOMA L RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYA OF LEFT LUNG BRONCHOG ENIC CAKCINOMA 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F HOW DID INJURY OCCUR? OF INJURY WHILE AT AT WORK WORK 22. I hereby certify that I attended the deceased from DEG 1954 to 354. 6 , 1954 that I last saw the deccased alive on 25. 6, 19 52 and that death occurred at 4:10 m., from the causes and on the date stated above. 23A-SIGNATURE 24A. BURIAL, CREMA-24C. NAME of CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24B, DATE DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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52 11093 BIRTH NO.	CERTIFICATI		Registered No.	1093
I. NAME OF DECEASED (Type or Print) MARGAI	RET K. AUER		2. DATE OF DEATH DEC. 4	, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (What A. STATE Maryland	nere deceased lived. If instit B. COUNTY	ution: residence before admission)
B. FULL NAME OF (If not in hospital or in HOSPITAL OR INSTITUTION 5727 Will	stitution, give street address or location) Owton Road		utside corporate limits, wri	te RURAL and give township)
c. Length of stay in Baltimore	Yrs. Mos. Days	5727 Willowt	on Road	
female white	NGLE, MARRIED, DOWED, DIVORCED (Specify)	June 11, 1894	9. AGE (In years last birthday) 58	
work done during most of working life, even if retired) at home	KIND OF BUSINESS OR INDUSTRY	Baltimore, Mar		WHAT COUNTRY?
Thomas P. Ward		Margaret	ME	
(If yes, give war or dates of servi	ES? 16. SOCIAL SECURITY NO.	Mr. B. Cecil A	uer,2131 Sou	
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY. RISE TO THE ABOVE CAUSE (A) STATING	itLY z, e. g., (A) COYO disease, death.) DUE TO GIVING	nary Thro	c	HOR,
UNDERLYING CONDITION LAST. UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE	(C)			
21A. ACCIDENT WAS UNDER. 21B	JOR FINDINGS OF OPER	or 21c. WHERE DID (If	in Baltimore City, give e	20. AUTOPSY? YES No xact location)
LYING OR CONTRIBUTING about	home, farm, factory, street, office bldg., e	(c.) INJURY OCCUR?		

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 2 IE. INJURY OCCURRED WHILE AT

22. I hereby certify that I attended the deceased from func deccased alive on Nov 26, 1952, and that death occurred at 10 f. m., from the causes and on the date stated above.

234 SIGNATURE 24A. BURIAL. CREMA-TION, REMOVAL (Specify) Burial 24B. DATE

12/9/52 New Cathedral

23B. ADDRESS

21F. HOW DID INJURY OCCUR?

, 1927 that I last saw the 23c. DATE SIGNED

Baltimore, Maryland Sem. ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE Ruck, 5305 Harford Road.

1. E. Queen

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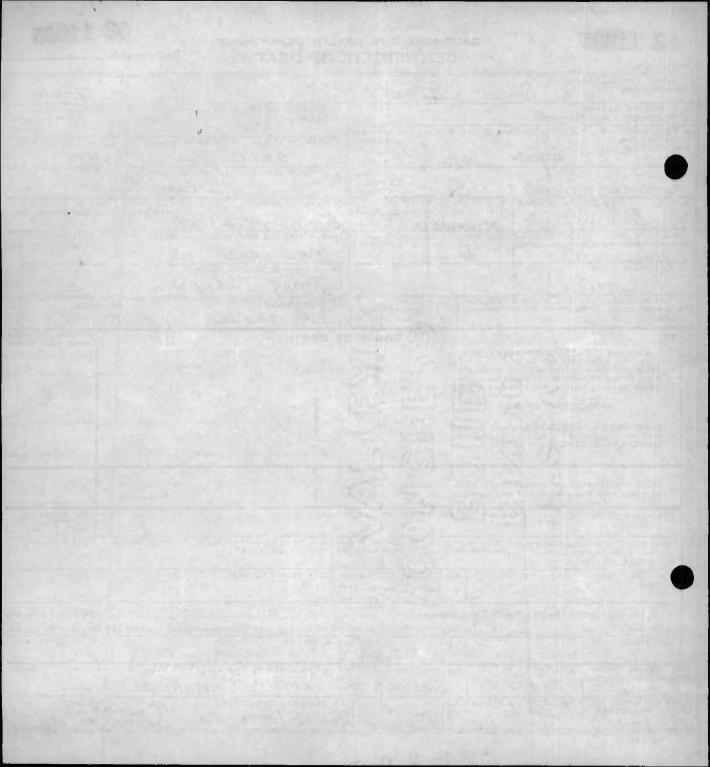
52 11094 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) LOUISE OF DEC. 4, 1952 BAER DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. Baltimore City, Maryland B. COUNTY Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 7507 Harford Road Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 7307 Harford Road c. Length of stav in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | If Under 1 Year | If Under 24 Hours last birthday) Months: Days Hours Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH Oct. 26, 1871 idowed. 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? at nome Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Mrs. Sarah Danzenbaker, 7307 Harford INTERVAL BETWEEN 18. CAUSE OF DEATH 420.0 Artenoscleratu Heart Disesse Chronic Nephritos DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? Kene 19 5/ to Dec. 4 , 195 that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on Dec. 4, 1952, and that death occurred at 1030 Am, from the causes and on the date stated above. 23A. SIGNATORE 23c. DATE SIGNED Anney. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C NAME OF CEMETERY OR CREMATOR 24D. LOCATION (City, town, or county) 24B, DATE Hebrew Friendship Cem Baltimore, lary le nd Buria HUMERAL MEECTOR ADDRESS
Ruck, 5305 Harford Road. DATE RECEIVED BY REGISTRAR'S SIGNATURE QCAL REGISTRAR

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	52 1109	35	BAI	CERTIFICATI	EALTH DEPARTMENT E OF DEATH		stered No.	11095
_	RTH NO.							
	NAME OF DECI	Mrs Se	ua i	Stewart		2. DATE OF DEATH	12-	-7-52
Α.	Baltimore City	, Maryland	-1 :4/4		4. USUAL RESIDENCE A. STATE	(Where deceased B. CO		itution : residence before admission)
H	FULL NAME OF OSPITAL OR STITUTION	T Anne	al or institut	tion, give street address or location)	c. CITY OR TOWN	If outside corpo		rite RURAL and give
-	0	1. Mojnus	1100	ma	vouen	une		STAILE
c.	Length of stay	in Baltimore		Yrs. Mos. Days	. 4 1/	If rural, give loc		<
5.	SEX 6.	COLOR OR RACE	7. SINGL	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGP (In	years If Unde hday) Month	r 1 Year If Under 24 Hours s: Days Hours Min.
10	male 1	white	WIDO	WED	JUNE 14,1872	80		Days Hours Min.
10 work	A. USUAL OCCU	PATION (Give kind of rking life, even if retired)	IOB. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country	7) 12	CITIZEN OF WHAT COUNTRY?
	HOUSEW	IFE	H	OME	MARYLAND			WHAT COUNTRIT
13	. FATHER'S NAM	. 2			14. MOTHER'S MAIDEN		Maria Vine	
		IAH .			MARY IN	SLEY		
(Yes	, WAS DECEASED E	VER IN U. S. ARMED If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDI	
		_		-	ST. AGNES HOS	SP.	BALTO	, MD.
	18. 153	3 X 1		CAUSE	OF DEATH	Test test		INTERVAL BETWEEN DNSET AND DEATH
	DISEASE	OR CONDITION	DIRECTLY	H	1.10		1.	
	(This does no	mean the mode o	f dying, e. 1	(A) Vene	ralisfed care	morras	- and	
	injury or cor	aplication which c	aused death	.) DUE TO		1		
	AN	TECEDENT CAUS	ES	P	in deal			
N	DISEASES OF	R CONDITIONS, IF	ANY, GIVIN	(B)(MCC)	noma ja i		***************************************	
Ĕ	RISE TO THE	ABOVE CAUSE (A)	STATING TH					
ŭ				(C)	***************************************			***************************************
ERTIFICATION	and one	11		11	11 - 1	1/ 6		
2		THE DEATH, BUT			el Cardio.	Vac I	Dina	
Ö,	TO THE DISEA	SE OR CONDITION	CAUSING 1	т.			200020	
7	19a. DATE OF C	PERATION	9B. MAJOR	FINDINGS OF OPER	ATION			YES NO 4
EDICAL	21A. ACCIDEN	WAS UNDER-	21B. PLA	ACE OF INJURY (e. g., in	or 21c. WHERE DID	(If in Baltimo:	re City, give	exact location)
(ED		ONTRIBUTING	about home,	farm, factory, street, office bldg., e	(a.) INJURY OCCUR?			
	ID. TIME (Mon	nth) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	D 21F. HOW DID INJU	RY OCCUR?		
	DF INJURI		m.	WHILE AT NOT WHILE				
	22. I hereby c	ertify that I att	ended the	deceased from//	-14 , 1957to	12-9	1957	hat I last saw the
	deceased alive			and that death occur		the causes a		late stated above.
	23A, SIGNATUR		76		3B. ADDRESS	/1/	2	3c. DATE SIGNED
2	A. BURIAL, CRE	MA- 24B DATE	Ken	M. D.	BY DE CREMATORY	LOCATION 10	ity/town or	county) (State)
TIC	N REMOVAL (Speci	fy) 12 10 /	52	GREEN WOO		LOCATION (C		10
D	DURIAL ATE RECEIVED B	10/7/				AMBRID	GE) 1.	10.
		A L BEGISTEVE	S SIGNATU	IRF !	25. FUNERAL DIRECTOR		АГ	DRESS

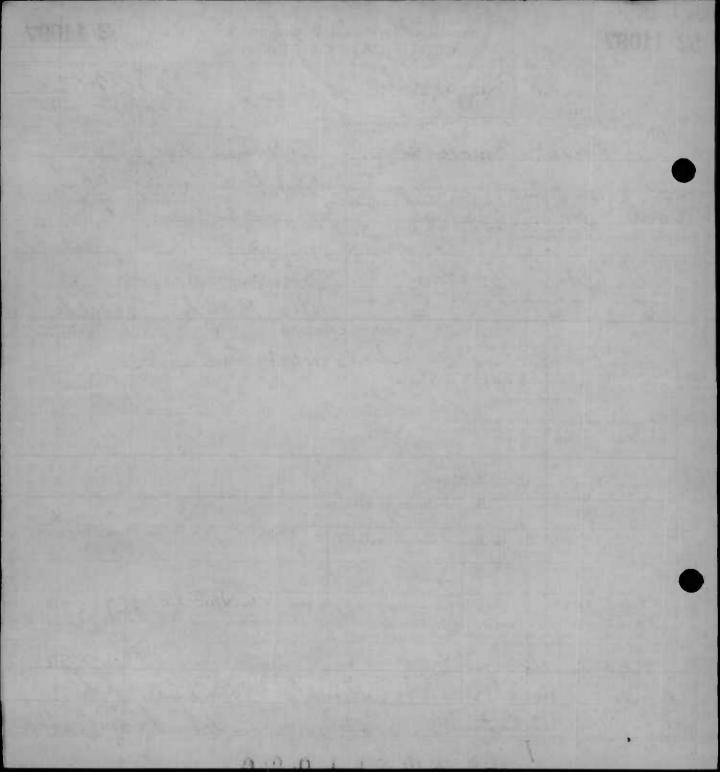
VS 150



632 52 11096 52 11096 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission) A. STATE A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITEM OR TOWN INSTITUTION township) (If rural, give location) Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED AGE (In years If Under 1 Year 6. COLOR OR RACE 8. DATE OF BIRTH last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) widow 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR work done during most of working life, even it retired) WHAT COUNTRY? INDUSTRY wit ouse 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 18. 260 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) .. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. hysicians: (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION important. YES NO EDIC 218. PLACE OF INJURY (e. g., In or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY especially WHILE AT NOT WHILE AT WORK WORK 19 that I last saw the 22. I hereby certify that I attended the deceased from. and that death occurred at 8 /6_ 19 ° m., from the causes and on the date stated above. deceased alive on 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE S age LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA- 24B. DATE TION_REMOVAL (Specify) removax DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAD DIRECTOR ADDRES: LOCAL REGISTRAR VS 150

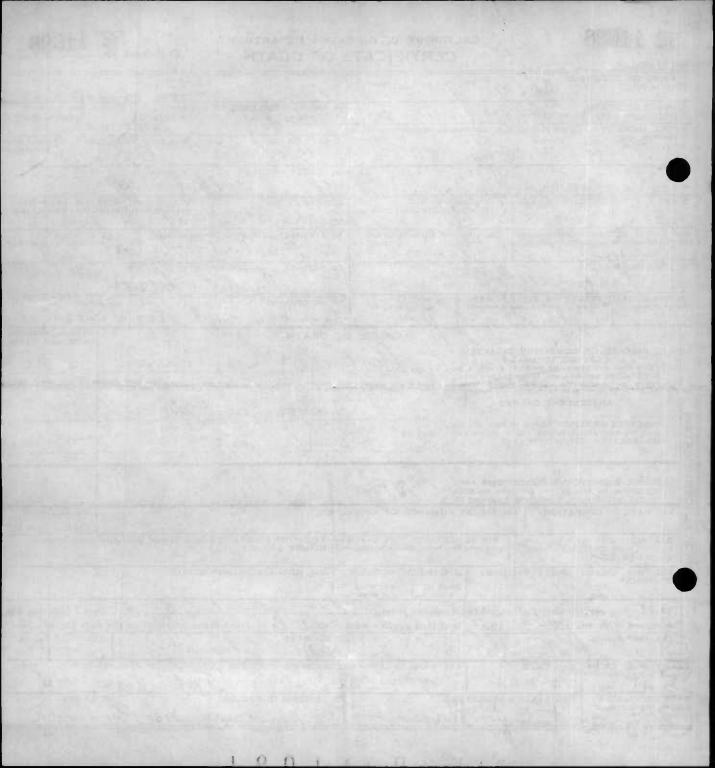
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CERTIFICATE OF DEATH BIRTH NO 2. DATE NAME OF DECEMBED OF (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH A. STATE before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF (If outside corporate limits, write RURAL and give HOSPITAL OR location) C. CITY OR TOWN INSTITUTION (If rural give location) D. STREET ADDRESS legibly. Mos. c. Length of stay in Baltimore Days M Under I Year 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) last birthday) Months: Days Hours: Min. and WIDOWED, DIVORCED (Specify) BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10B. KIND 05 BUSINESS OR 10A, USUAL OCCUPATION (Givekind of) clearly WHAT COUNTR INDUSTRY work done during most of working life, even if retired) 4,5 13. FATHER A NAME death 15. WAS DECE SED EVER IN U. S. ARMED FORCES (Yes, no or nningwn) (If yes, give war or dates of service) 16. SOCIAL ADDRESS INF SECURITY NO. 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR COND TION CAUSING IT 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 21c. WHERE DID 21B. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? UTING CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT WORK AT WORK 22. I certify that I took charge of the remains described above, held an Tarkial thereon and from Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 23c. DATE SIGNED 23B, CHIEF MEDICAL EXAMINER 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER... MEDICAL INVESTIGATOR 24D_LOCATION (City, town or coupty 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B. DAT. ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR V S 151



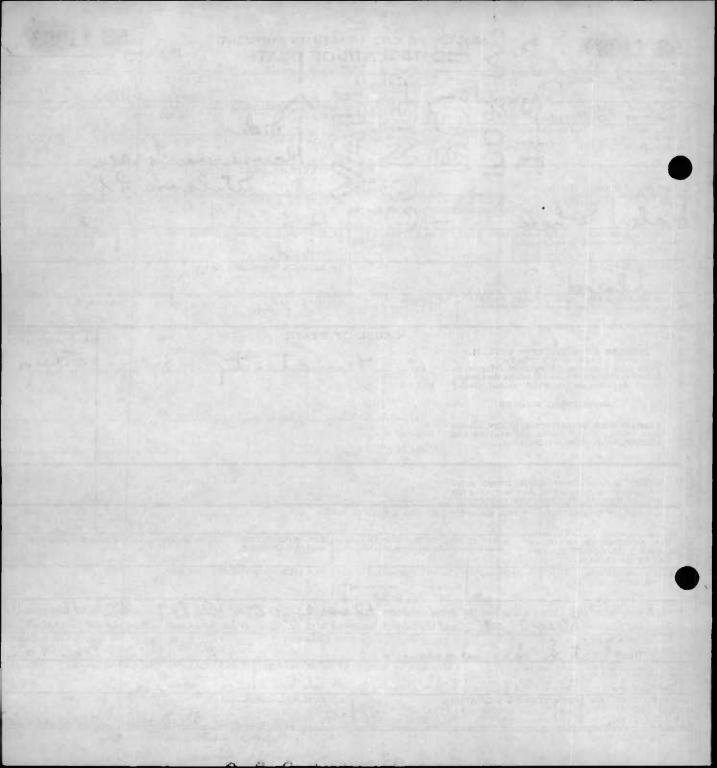
write the canales of heath clearly and legibly.

В	52 11098 erth no.	CERTIFICATI		52 Registered No.	11098
	NAME OF DECEASED CARRIE	Poist		2. DATE OF DEATH /2- \$	7-52
Α.	PLACE OF DEATH: Baltimore City, Maryland 1839	Wilhelm St.	4. USUAL RESIDENCE (W	B. COLINTY	itution : residence before admission)
H	FULL NAME OF (If not in hospital or in DSPITAL OR ISTITUTION & 29	location)		outside corporate limits, w	rite RURAL and give
	1839 Wilheld	Yrs.	D. STREET ADDRESS (If	rural, give location)	e cy
	Length of stay in Baltimore SEX 6.COLOR OR RACE 7.SI	Mos. Days	8. DATE OF BIRTH		or 1 Year If Under 24 Hours
	FW	IDOWED, DIVORCED (Specify)	March 8, 1898	9. AGE (In years last birthday) 54 Month	
wor!	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) Housewile	DOMESTIC	11. BIRTHPLACE (State or for	reign country) 12	CITIZEN OF WHAT COUNTRY!
13	FATHER'S NAME	100110	14. MOTHER'S MAIDEN NA	AME	4.3.7
15	. WAS DECEASED EVER IN U. S. ARMED FORCE	500 100 00000	l'assi	? Knav	
(Ye	s, no or unknown) (If yes, give war or dates of servi	ES? 16. SOCIAL SECURITY NO. NONE	ROWLING U. Pui	st 1839 W.L	1 0
	18. 401. 3 and 00	> X CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying	1 3000	lac failure	sheumatic	5 475.
	heart failure, asthenia, etc. It means the injury or complication which caused	disease.)	***************************************	
	ANTECEDENT CAUSES	1/6	enundi Kon-	+ disease	>
O O	DISEASES OR CONDITIONS, IF ANY.		/ / / / /	Con Contraction of the Contracti	,
FICATION	RISE TO THE ABOVE CAUSE (A) STATIS UNDERLYING CONDITION LAST.	(C)	enwalic feve	7	
F					
ERTI	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R	ELATED . TOC.			
U	19A. DATE OF OPERATION 19B. MA	JOR FINDINGS OF OPER	ATION	13	20. AUTOPSY?
EDICAL	21a. ACCIDENT WAS UNDER: 21s	B. PLACE OF INJURY (e.g., in	or 21c. WHERE DID (I	f in Baltimore City, give	YES NO
MED		home, farm, factory, street, office bldg., e	INJURY OCCUR?	in Davinore Origi, give	exact location)
	21D. TIME (Month) (Day) (Year) (Hour of INJURY	21E. INJURY OCCURRI WHILE AT NOT WHILE AT WORK	ED 21F. HOW DID INJURY	OCCUR?	
	22. I hereby certify that I attended		Aug , 1952 to 1	Dec. 5, 1952, ti	hat I last saw the
	deceased alive on Dec. 4, 192		red at 11 P.m., from ti	he causes and on the c	late stated above.
	23A. SIGNATURE Kulk St	eien M.D.	1801 W. Balto	·- St- 12	3c. DATE SIGNED
Z. TI	AA. BURIAL, CREMA- ON REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	BALTIMORE	county) (State)
	ATE RECEIVED BY REGISTRAR'S SIG		25. FUNERAL DIRECTOR	. 0	DRESS
=	DEG 7 - 1959 Huntington	~ Mellans- My	GEO. L. Jehwa	6 2101 MRG	derick
	VS 150	72081	4 . 0 0 1		706,
-	VS 150	7208)	4 . O. C. Jehwa	6 2101 MRG	AUG



4100			X	
52 11099 BIRTH NO.	BALTIMORE CITY HE CERTIFICATION		52 Registered No.	11099
1. NAME OF DECEASED (Type or Print)	Bon Pul	_	2. DATE OF DEATH	. 4 5-9
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or i	institution, give street address or	4. USUAL RESIDENCE (V		before admission)
HOSPITAL OR INSTITUTION JOHNS HOPKINS	location)		outside corporate limits, w	rite RURAL and give township)
c. Length of stay in Baltimore	Yrs. Mos. Days	o. STREET ADDRESS (If	rural, give location)	6235
5. SEX 6. COLOR OR RACE 7. S	VIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years lf Und last birthday) Month	or I Year s Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country) 12	CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME	
15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no or nnknown) (II yos, give war or dates of ser	CES? 16. SOCIAL SECURITY NO.	17. INFORMANT	OSPITAL ADD	RESS
DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dyinheart failure, asthenia, etc. It means the injury or complication which caused	ng, e. g., (A)	of DEATH		INTERVAL BETWEEN
ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT				
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU	RELATED			
19A. DATE OF OPERATION 19B. M	MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
	IS. PLACE OF INJURY (e.g., it home, farm, factory, street, office bldg.,		If in Baltimore City, give	exact location)
21D. TIME (Month) (Day) (Year) (Hou	m. WHILE AT NOT WHILE AT WORK		Y OCCUR?	
	52 and that death occur	rred at 8 2 p.m., from t	he causes and on the	date stated above.
29a. SISTATURE 24a. BURIAL, CREMA-1 24B. DATE	M. D.		OCATION (City, town, or	DATE SIGNED County) (State)
TION, REMOVAL (Specify) Dec. 9195	2 Welain Mem	round Fardens	Harland Co	. hd
DEC 8 - 1059 REGISTRAT'S SI	- M/11-	25. FUNERAL DIRECTOR		adel Mitch
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might be the seconds: prease write the causes of death clearly and legibly.



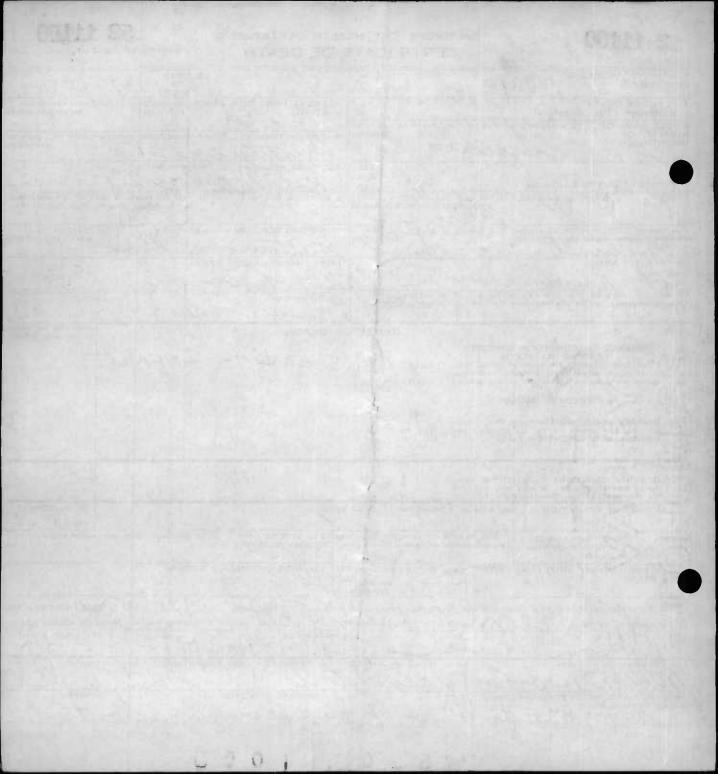
500 52 11100 52 11100 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Meyer (Type or Print) OF DEATH 4. USUAL RESIDENCE AWhere deceased lived. If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give OR TOWN C. CIP INSTITUTION Lucar township) Yrs. (If rural, vive location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR FACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH AGE (in years If Under I Year I If Under 24 Hours last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) murried 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BINTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Merchan wo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (R-W) Kuowa 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 18. 420.1 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY rocandiaL -LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT YES NO 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-EDI about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH Σ 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WHILE AT AT WORK . 19 , that I last saw the 22. I hereby certify that I attended the deceased from and that death occurred at Information, from the causes and on the date stated above. deceased alive on_ 23A SIGNATURE 230 ADDRESS 23c. DATE SIGNED 24D. LOCATION (City, town, or county) 24A BURIAL, CREMA- 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY -4 ue DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR 105 Tuestington VS 150

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BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 11101

BI	RTH NO.		CERTIFICATE	OF DEATH	registereu 1	
	NAME OF DECEASED				12. DATE	
	vpe or Print)	~ ~			OF	
		Clara	V. King		DEATH DEC.	3,1952
3.	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (W	here deceased lived. If B. COUNTY	institution: residence before admission)
		al or instituti	on, give street address or	Md.		
HO	DSPITAL OR		location)		outside corporate limit	s, write RURAL and give
IN	STITUTION			D-7+4	13.	township)
U	2261 Madis	on Ave	Yrs.	Baltimore D. STREET ADDRESS (If:	munal give leastion)	00
			Mos.			
c.	ength of stay in Baltimore		3 Days	2261 Madison A	Ave.	
5.	SEX 6.COLOR OR RACE		, MARRIED,	8. DATE OF BIRTH	9. AGE (in years	f Under I Year If Under 24 Hours on the Days Hours Min.
	F Negro	Sing	ED, DIVORCED (Specify)	10/4/97	55	onths Days Hours Min.
10	A. USUAL OCCUPATION (Givekind of		OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
work	done during most of working life, even if retired)		INDUSTRY			WHAT COUNTRY?
	Domestic	Priv	ate Family	Gloucester Co		
13	. FATHER'S NAME			14. MOTHER'S MAIDEN NA	AME	
	John Jackson			Eliza Page		
15	. WAS DECEASED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT	Δ	DDRESS
(Ya	n, no or unknown) (If yes, give war or date	e of service)	None	Mary Stubbs, 22		
_			Wolle	Mary boubbs, 22	OI Madisol	INTERVAL BETWEEN
CERTIFICATION	DISEASE OR CONDITION LEADING TO DEA' (This does not mean the mode of heart failure, asthenia, etc. It mea injury or complication which of the complex of the	TH of dying, e. g of death ses F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(C)	oplery (C	Terebral) Ist, Scloro	onset and death 2 hrs.
			FINDINGS OF OPER	ATION	order see all	20. AUTOPSY?
A						YES NO
MEDICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING ☐ CAUSE OF DEATH		CE OF INJURY (e. g., in arm, factory, street, office bldg., e		f in Baltimore City,	give exact location)
	21D. TIME (Month) (Day) (Year) OF INJURY	(Hour)	21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?	
	OF INJURY	m.	WHILE AT NOT WHILE			
	22. I hereby certify that I at			28 195 20 /	11-3 195	that I last saw the
	deceased alive on 11-2-			red at 830 m from t	he causes and on t	he date stated above.
	23A. SIGNATURE	, 10 4		3B. ADDRESS		23c. DATE SIGNED
	11.12	Lug	hen M.D.	825 m. Tre	surely av	11-4-52
24	AA. BURIAL, CREMA- 248. DATE	1	24C. NAME OF CEMETER	RY OR CREMATORY /24D. L	OCATION (City, town,	or county) (State)
TIC	ON, REMOVAL (Specify) Rurial 12/6	150	Arbutus Men	menial Die Bali	to. Co Mo	
	Burial 12/6			25. FUNERAL DIRECTOR	oo. oo., me	ADDRESS
	OCAL REGISTRAR	tington	Welliams M		,802 Madis	
=	VS 150 VVZ	- 1	Jun 1	OHETTED III THE	OUL HAUL	JOH AVE
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52 1110e	BALTIMORE CITY HE CERTIFICATI		52 1 Registered No.	11108
1. NAME OF DECEASED RANGE	K WEA)	3	2. DATE OF DEATH	FC 52
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W		itution: residence before admission)
	nstitution, give street address or location)	MARYCAND	BAL	-TIMOKE
FRANKLIN SO	HOSP	BALTIMO	outside corporate limits, w	township)
c. Length of stay in Baltimore	Yrs. Mos. Days	b. STREET ADDRESS (If r	rural, give location)	7.
MW	INGLE. MARRIED;	2/22/90/	last birthday) Months	Hours Min.
ork done during most of working life, even if retired)	TOR-GAMBLE CO	16. BIRTHPLACE (State or for	reign country) 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	SOAP(A)	14. MOTHER'S MAIDEN NA	ME	120
15 WAS DECEASED EVED IN H. C. ADVED SO		FLORENCE	EUTLEY	
15. WAS DECEASED EVER IN U. S. ARMED FORC	16. SOCIAL SECURITY NO.	MRS AGNES L. Wego	1-1626 Ho. akm JA	Bock.
18. /63× 1		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying)	K.V	monors edem		4-12 4
heart failure, asthenia, etc. It means the injury or complication which caused	disease.			
ANTECEDENT CAUSES	da	menaille of	1.1	4-12 1
DISEASES OR CONDITIONS, IF ANY,	GIVING (B)		-7	1-1222
UNDERLYING CONDITION LAST.	NG THE DUE TO	nonory Kesle	lian	
11				
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS	ELATED MACLES	of leftling; lu	in melastaci	5
19A. DATE OF OPERATION 19B. M	AJOR FINDINGS OF OPER	ATION BIT !		20. AUTOPSY?
	B. PLACE OF INJURY (e. g/in thome, farm, factory, atreet, office bldg., e		in Baltimore City, give	
FINJURY (Month) (Day) (Year) (Hour	m. WHILE AT NOT WHILE	21F. HOW DID INJURY	OCCUR?	
22. I hereby certify that I attended		Dec. 1954 to 6	Dec , 1953-11	hat I last saw the
deceased alive on 6 234, 192	52 and that death occur	red at 255 Am., from th	e causes and on the d	late stated above.
Lear Mr. Don	E MD- M.D. &	o Franklin &	Has. 1	DU 52
24A. BURIAL, CREMA- 24B. DATE FION, REMOVAL (Specify) Per 8-195.	2 New CATHERE	RY OR CREMATORY 240 LO	CATION (City, town, or of	PAKTO Ad
DATE RECEIVED BY REGISTRAR'S SIG	100	25. FUNERAL DIRECTOR THOMAS J. KENN	/ // //	DORESS NINS DE
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	7 9 46	5 10 10	1 / 19	

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 11103

Registered No_ BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) LOUISE B. GAST OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF c. CITY OR TOWN (If outside corporate limits write RURAL and give Letheran Hospita INSTITUTION D. STREET ADDRESS (If rural give location) Yrs. Mos. 5605 . suxtu x c. Length of stay in Baltimore Days 6. COLOR OR RACE 9. AGE (In years) 7 SINGLE MARRIED 8. DATE OF BIRTH If Under 3 Year last birthday) | Months: Days | Hours : Min. WIDOWED, DIVORCED (Specify) 11. BIRTHPLACE (State or foreign country) IOA. USUAL OCCUPATION (Givekindel) LOB KIND OF BUSINESS OR 12. CITIZEN OF work dooed priog most of working life, eveo if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or ooknowo) [(If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY rebral & Ven LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY? (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID HOMICIDE (Specify) ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) - OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE ATT WORK 1953 to 22. I hereby certify that I attended the deceased from 12/4 5, 19 52 that I last saw the deceased alive on 145 6 am1952, and that death occurred at 8 2/1 m., from the causes and on the date stated above. 23A. SIGNATURE 238 ADDRESS 23c. DATE SIGNED 24A. BURIAL CREMA-24B. DATE ureal x. 8 1952 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRES6 LOCAL REGISTRAR VS 150

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52 11104 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH . 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY hefore admission) IId. B. FULL NAME OF of not in hospital or institution, give street address or HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore D. STREET ADDRESS (If rural, give location) Mos. 4216 Ray Mar Ave. . Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE (In years | Winder | Year | If Under 24 Hours last birthday) Months: Days | Hours Min. WIDOWED, DIVORCED (Specify) White Male Widowed Sept. 1882 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work do not during most of working life, even if retired Public School Dustry 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Harford Co. Md. Baltimore City 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John W. Eggleston Mlla---15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. rs.Leola Hoffman, 4620 Asbury Ave. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY radure Idislocation of LEADING TO DEATH "
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Verlebral Column ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING Facture Pelvis a RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Redroperitored Homorrhuge OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (a. g., in or 21c. WHERE DID 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. (If in Baltimore City, give exact location) sbout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 215 BOW DID INJURY OCCURT 21E. INJURY OCCURRED. OF INJURY NOT WHILE WHILE AT 22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \square , accident \mathbb{R} , suicide \square , homicide \square , undetermined \square . 23B. CHIEF MEDICAL EXAMINER..... 23A. SIGNATURE 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. M.D. MEDICAL INVESTIGATOR BURINL CREMA-24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify DATE RECEIVED BY 25 FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR witnigton

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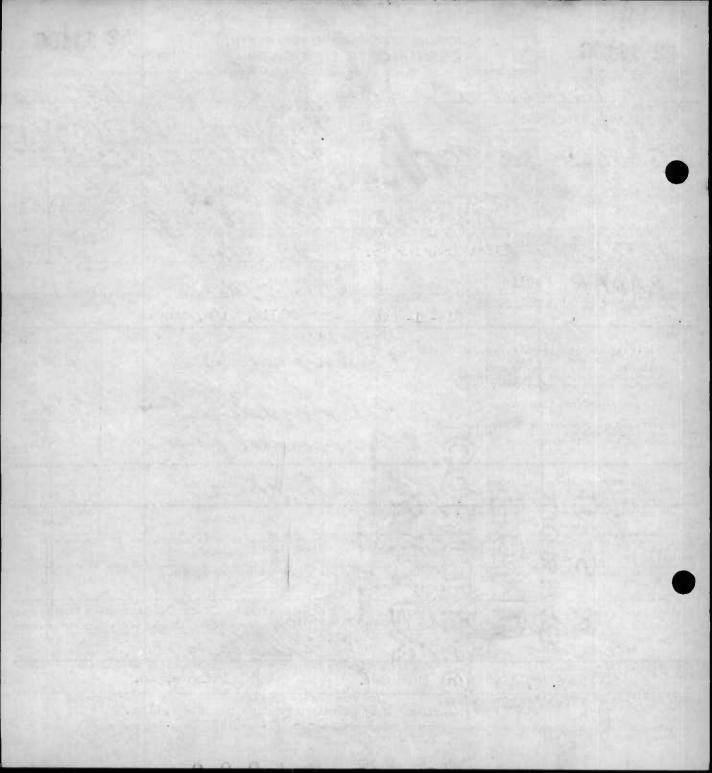
41	11105
BIRTH	NO.
1. NAN (Type o	TE OF DECEAS

CERTIFICATE OF DEATH

52 11105 egistered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Trances alabradamski 2. DATE OF DEATH DEC.	4.1952
3. PLACE OF DEATH: A. Baltimore City, Maryland B. Lo., 2nd. 4 Usual Residence (Where deceased lived, If instit B. COUNTY)	ution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, wri	ite RURAL and give township)
Yrs. D. STREET ADDRESS (If rural, give location) Mos.	+
c. Length of stay in Baltimore Days 30 Scast One +1	24
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years last bir[aday) Months	
work done during most of working life, even if refired) INDUSTRY	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 14, MOTHER'S MAIDEN NAME	
anthony halmousky grandlatude	neki
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or nnknown) (If yes, give ver or dates of service) SECURITY NO.	ESS
	NTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	DNSE! AND DEATH
(This does not mean the mode of dying, e.g., heart failure at home of the diagram.	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	
Z (B)	***************************************
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED	
TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE CISEASE OR CONCITION CAUSING IT.	
. 19a, DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING I about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING I About home, farm, factory, street, office bldg., etc.)	exact location)
1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
MHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 11-19, 1952to 12-4, 1952th	at I last saw the
deceased alive on 13-4, 1952 and that death occurred at 3:50 km., from the causes and on the de	
Ole De De Carriero	C. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CENETRY OR CREMATORY 240. LOCATION (City, town, or co	ounty) (State)
Survival (Specify) Son 9/55 3 dely Conary Batty Conary	
DATE RECEIVED BY REGISTRAN'S SIGNATURE STATUS ADDITIONAL PROPERTY	DRESS
DEC 8- 1950 H. t. t. W. trad M. Ozazowski	
VS 150 VIII MAN 1930 Castelly and	
2 = 2 0 2 1/1 0 2 8	

6	240				
BIR	52 11196	BALTIMORE CITY HE CERTIFICATION		52 Registered No.	11106
1. N (Ty)	De or Print) WAQLII	-, CAR		2. DATE. OF DEATH	EC 'CS
	LACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE ()		citution: residence before admission)
HOS	SPITAL OR	nstitution, give street address or location)	c. CITY OR TOWN (I	f outside corporate limits, w	rite RURAL and give
INS	RANKLIN 5Q.	HOST.	BALTIM	ORE 7.	- O f township)
2	ength of stay in Baltimore	Yrs. Mos.	b. STREET ADDRESS (If	rural, give location)	7.
5. 5	EX 6. COLOR OR RACE 7. S	Days INGLE, MARRIED, //LOWED DLVORCED (Specify)	8. DATE OF BIRTH		er I Year If Under 24 Hours s: Days Hours: Min.
104	/11 //	MARKIED	6/17/1888	04	
work d	one during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY Co.	II/BIRTHPLACE (State or f	d y	CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	0.2.
15	WAS DECEASED EVER IN U. S. ARMED FOR	CES? 16. SOCIAL	CHTSIST/N	A	-1/
(Yes,	no or unknown) (If yes, give war or dates of ser	vice) SECURITY NO. 215-01-3044	Signe Waglie, wi	fe, above	RFSS
	18. 491X	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dying)	50	clopnenm	inie	4 day
	heart failure, asthenia, etc. It means the injury or complication which caused	disease,			
	ANTECEDENT CAUSES	Pal	General edi-		4 day
TION	DISEASES OR CONDITIONS, IF ANY	GIVING (B)	1.0	11	- 4 1
E S	UNDERLYING CONDITION LAST.	(c)	socordial f	facture	7 days
RTIFICA	OTHER SIGNIFICANT CONDITION	c con the	1.4. 11		
CER	TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAUSE	RELATED MOTHER	Miles, Urem	ia	5
AL.	19A. DATE OF OPERATION 2 19B. M	AJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
DICAL		B. PLACE OF INJURY (e. g., in		If in Baltimore City, give	
A -	CAUSE OF DEATH (Month) (Day) (Year) (Hou	r) 21E. INJURY OCCURRI		Y OCCUP?	
	F INJURY	m. WHILE AT NOT WHILE	ZIF. HOW DID INSUR	r occor:	
	22. I hereby certify that attende	d the deceased from 5	Dec , 1952/to	5 Dec , 1952t	hat I last saw the
	deceased alive on 5 dec 19	52 and that death occur	red at Silo Am., from the same and same at the same at		date stated above.
	Rear Mr. K	Dane, AD.M.D.	% Franklin	dg. Harp. 3	Dec. 52
TION	BURIAL CREMA- 248 DATE REMOVAL (Specify) Dec. 8, 195	2 Oak Lawn Cem.		timore, Md.	county) (State)
	TE RECEIVED BY HEGISTAR'S BE	mature M.P.	25. FUNERAL DIRECTOR Schimunek Turera		DDRESS
-	**************************************	mann, my.	2601-3-5 E. Madi	son St.	
	VS 150	763	52		
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 11107 Registered No.

B1	RIH NO.						
1. (T	NAME OF D	CLAREN	CE JOI	NES		2. DATE OF DEATH 12/	4/1952
	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE ((Where deceased lived, If B. COUNTY	institution : residence before admission)
HC	FULL NAME SSPITAL OR STITUTION	OF (If not in hospit 1405 W. SA		ion, give street address or location)		If outside corporate limi	ts, write RURAL and give
-		*			BALTIMORE	11.	C. Land
	Toward's a Co.		30▼	Yrs. Mos.	D. STREET ADDRESS (I	ARATOGA ST.	
-	SEX	tay in Baltimore		E. MARRIED.	8. DATE OF BIRTH		If Under 1 Year If Under 24 Hours
	M	C,	MARR:	IED, DIVORCED (Specify)	12/12/1894	last birthday) M 57	onths Days Hours Min.
work	done during most	CUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or		12. CITIZEN OF WHAT COUNTRY?
13	WAITE		C	LUB	ANNAPOLIS, M		U.S.A.
13	. FATHER'S				14. MOTHER'S MAIDEN		
15		UEL JONES	FORGERA	L to cocia:	SARAH BUTL		
(Yes	, no or unknown)	ED EVER IN U. S. ARMEI (If you give war or date	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
-		24			EMMA JONES (W) 1405 W. S	ARATOGA ST.
	18. /5/	× , 1		CAUSE	OF DEATH		ONSET AND DEATH
		SE OR CONDITION	ГН	GAT	is ba s.		2 40
	heart failu	not mean the mode or, asthonia, etc. It mea	ns the discas	e. 7		a de la companya de l	- Janes
	injury or	complication which o		DUE TO 2	many		01.99
7		ANTECEDENT CAUS	ES				1 1 1 2 2 3 3
<u>ō</u> .		S OR CONDITIONS, I				***************************************	***************************************
AT	UNDERLY	HE ABOVE CAUSE (A)	ST.				
ERTIFICATION				(C)			
Ē	OTHER S	II SIGNIFICANT CONDI	TIONS CON				
F	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	.D			
U				FINDINGS OF OPER	ATION		20. AUTOPSY?
CAL							YES NO
EDIC	21A. ACCID LYING OF CAUSE OF	DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in farm, factory, street, office bldg., s		(If in Baltimore City,	give exact location)
	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	RY OCCUR?	
	OF INJURY	AN AND A	m.	WHILE AT NOT WHILE			
	22. I hereb	y certify that I att	ended the		ec 195,40	195	that I last saw the
				and that death occur			he date stated above.
	23A. SIGNA				3B. ADDRESS	+	23c. DATE SIGNED
1	7	1111	5	м. р.	511700	2 play	187/817
TIC	N, REMOVAL	CREMA- 24B. DATE	150	24c, NAME OF CEMETE	RY OR CREMATORY 240	LOCATION (City, town	, or county) (State)
	BURTAL	12/8/	952	moules.	mem y	all win	A THE
	TE RECEIVE		SISIGNATU Ton	77.	25. FUNERAL DIRECTOR	13 1	ADDRESS
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	VS 150	JUZ		JAN CV	F13 /	The as All	a all.

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52 11108 BIRTH NO.	CERTIFICATE		Registered No.	1108
1. NAME OF DEGEASED EPH.	EMMANUEL	JACOBER	2. DATE OF 12 - 7	-52
A. Baltimore City, Maryland EU		4. USUAL RESIDENCE (WE		titution: residence before admission)
B. FULL NAME OF (If not in hospital or i HOSPITAL OR INSTITUTION	nstitution, give strect address or location)	c. CITY OR TOWN (If o	utside corporate limits, w	vrite RURAL and give
	Yrs.	D. STREET ADDRESS. (If r	ural, give location)	s cownsulp)
c. Length of stay in Baltimore	TIME Mos. Days		TLWA	
5. SIM . 6. COLORION TARCE 75	INGLE, MARRIED, VIDOW 60, DIVERCED (Specify)	8. PATE OF BIRTH		l Year If Under 24 Hours Days Hours Min.
IOA LISUAL OCCUPATION (Givekind of work defend a light working lifeton if retired)	ELF INDUSTRY	11. BIRTHPLACE (State or for	eign country 12	CITIZEN OF WHAT COUNTRY?
FERDIMANN JA	COBER	14. MOTHER'S MAIDEN NAI	HUMAN	· N
15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no or unknown) (If yes, give wor or dates of ser	CES? 16. SOCIAL SECURITY NO.	MISS'G'JACO	BER 1/8.3	
18. 606X	CAUSE	OF DEATH	3-17.10	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRE	//a T.	. Coronary		1. 1.7
(This does not mean the mode of dyinheart failure, asthenia, etc. It means the			***************************************	Symusica
injury or complication which caused				
injury or complication which caused			T. ,	50
injury or complication which caused	death.) DUE TO	ulong and use	Tion !	Sweet
injury or complication which caused	death.) DUE TO	winter blue	tion (Sweet
injury or complication which caused	death.) DUE TO (B) Pustul (B) Common (C)	wintendam blace	tion m (Sweet
ZO DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAUSE	GIVING (B) Restated (C) (C)	wentulus bles	ulios su_(Sweet
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ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hou OF INJURY 22. I hereby certify that I attended deceased alive on 2174, 19 23A. SIGNATURE	GIVING ING THE DUE TO (C) SE CON- RELATED SING IT. IAJOR FINDINGS OF OPER B. PLACE OF INJURY (e. g., le thome, farm, factory, street, office bldg., e WHILE AT WORK d the deceased from S. and that death occur	a or 2IC. WHERE DID (IF INJURY OCCUR? (IF HOW DID INJURY OCCUR? 7 Nov., 1952, to.)	OCCUR? 1952, to ecauses and on the	YES NO Control No Cont
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ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION OF THE DISEASE OR CONDITION OF THE DISEASE OR CONDITION OF INJURY 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hou OF INJURY) 22. I hereby certify that I attended deceased alive on 21 742, 19. 23A. SIGNATURE Author Day REGISTRAR'S SIGNATURE AUTHOR REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE AUTHOR REMOVAL (Specify)	GIVING ING THE DUE TO (C) S CON- RELATED SING IT. IAJOR FINDINGS OF OPER B. PLACE OF INJURY (e. g., ir it home, farm, factory, street, office bldg., e T) 21E. INJURY OCCURRE M. WHILE AT WORK d the deceased from \$\frac{1}{2}\$ and that death occur ALC NAME OF CEMETER \text{ALC NAME OF CEMETE	2 IC. WHERE DID (IF INJURY OCCUR? (IF INJURY OCCUR? (IF INJURY OCCUR? IF INJURY OCCUR? (IF INJURY OCCUR? IF INJURY OCCUR? (IF INJURY OCCUPATION OF INJURY OCCUPATION	OCCUR? 1952, to e causes and on the causes and on the causes and on the cation (City, town, or NORTH	that I last saw the date stated above. 23c. DATE SIGNED SOUNTY) (State)
ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAUSE OF DEATH 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING Above CAUSE OF DEATH 21B. TIME (Month) (Day) (Year) (Hou OF INJURY) 22. I hereby certify that I attended deceased alive on 21 May 19 and 19	GIVING ING THE DUE TO (C) S CON- RELATED SING IT. IAJOR FINDINGS OF OPER B. PLACE OF INJURY (e. g., ir it home, farm, factory, street, office bldg., e T) 21E. INJURY OCCURRE M. WHILE AT WORK d the deceased from \$\frac{1}{2}\$ and that death occur ALC NAME OF CEMETER \text{ALC NAME OF CEMETE	2 IC. WHERE DID (IF INJURY OCCUR? (IF INJURY OCCUR? (IF INJURY OCCUR? IF INJURY OCCUR? (IF INJURY OCCUR? IF INJURY OCCUR? (IF INJURY OCCUPATION OF INJURY OCCUPATION	OCCUR? 1952, to e causes and on the causes and on the causes and on the cation (City, town, or NORTH	that I last saw the date stated above. 23c. DATE SIGNED SOUNTY) (State)

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De Bensfuld.

52 11109 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Т	52	111119
	Registered No.	

Divin No.	
1. NAME OF DECEASED (Type or Print) Carrie Harmis.	2. DATE 0F 12/5/11
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	me
INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Yrs.	o. STREET ADDRESS (If rurai, give location)
c. Length of stay in Baltimore Mos. Days	1801 Shows & 430.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under I Year If Under 24 Hours
WIDOWED, DIVORCED (Specify)	9-2-6-7 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
Work done during most of working life, even if retired) Own Horus.	Ind. WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joanslin Spencer	more Mueller
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
SEGMITT NO.	Edgar C. Harmio 1801 Shence st.
18. 422.1 CAUSE C	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	1 A CONSEI AND CEAN
(This does not mean the mode of dying, e.g., (A)	20-vascular Thrombosos
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO CULTURE	isocleratic C. V. Susiase
ANTECEDENT CAUSES	
Z (B) Cono.	oft Failure
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO CENTRE	rioscleratio C. V. Duscase
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO LANGE (C)	morine - belatical
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE OBATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	ATION 20. AUTOPSY?
U 214 ACCIDENT WAS LINDER. 215 PLACE OF INJURY (e.g., in	or 21C. WHERE DID (If in Baltimore City, give exact location)
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., et	
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED FINJURY	21F, HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from 11-	-/4 , 1952 to /2-5-, 1952 that I last saw the
	red at #251m., from the eauses and on the date stated above.
	3B. ADDRESS 23c. DATE SIGNED
Glarge Letter M.O.	St. agree Hopital 12-5-52
24A. BURIAL. CREMA- 24B. DATE TION, REMOVAL (Specify)	RY OR GREMATORY 240. LOCATION (City, town, or county) (State)
Burial 19/52 Woode	awy Woodlawn Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE.	25. FUNERAL DIRECTOR ADDRESS
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Santa Comment the state of the same

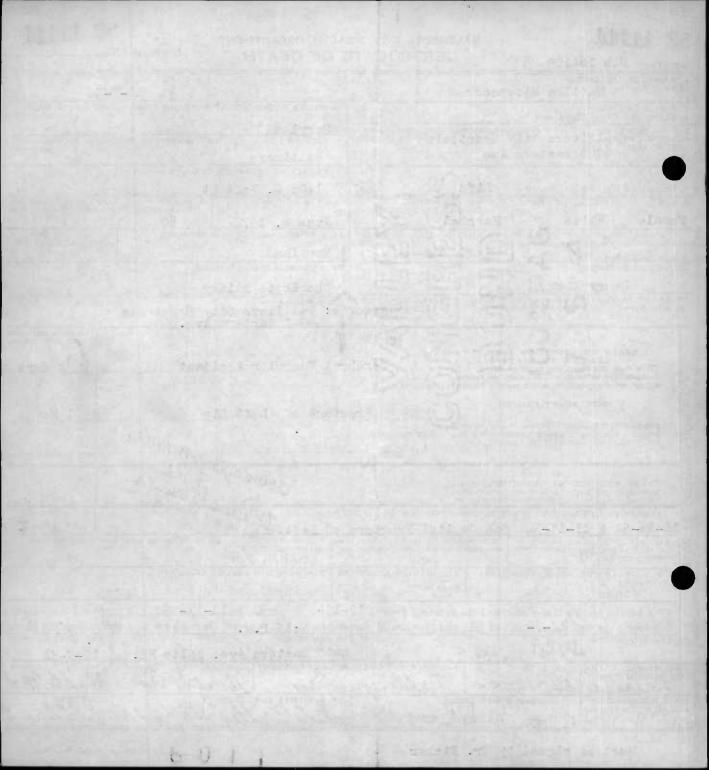
52 11110

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED (Type or Print) 2. DATE LEONARD BROOKS JOHNSON Dec. 5, 1952 OF 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence Maryland B. COUNTY A. Baltimore City, Maryland before admission) e. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR US Public Health Service location)
INSTITUTION HOSPITAL

Yuman Pk. Drive & 31st Street C. CITY OR TOWN (If outside corporate limits, write RURAL and give Balti more D. STREET ADDRESS (If rural, give location) Yrs. Mos. 2102 Mt. Holly street c. Length of stay in Baltimore Days 7. SINGLE, MARRIED.
WIDOWED, DIYORCED (Specify)
Married 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | If Under I Year | If Under 24 Hours last birthday) | Months: Days | Hours | Min. 5/23/95 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? England Post Office 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Brooks Percy Johnson 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Records - US PHS Hospital, Balto, Md. INTERVAL BETWEEN 18. 450.0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., Myocardial hypertrophy with general IInknown heart failure, asthenia, etc. It means the disease, congestive failure injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Arterioscle rosis, generalized Iinknown DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES X 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? , 19 52 to Dec. 5 , 19 52 that I last saw the 22. I hereby certify that I attended the deceased from Dec. 4 deceased alive on Dec. 5, 1952, and that death occurred at 6 A m., from the causes and on the date stated above. J. A. Hunter, Clinical Director 23A. SIGNATURE 23c. DATE SIGNED US PHS Hospital, Balto, Md. 24A. BURIAL, CREMA-24B, DATE 24c. NAME of CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) Pikesville, 12-8-1952 Druid Ridge Buria REGISTRAR'S SIGNATURE DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR . Howard Strong 320 7 W. North Ave., westington

VS 150

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52	111	1.1	BAI	TIMORE CITY HE	EALTH DEPARTMENT	52	2 11111
			DAI	CERTIFICATI		Registered No.	
	ME OF D	164103 ECEASED				2. DATE	
	or Print)	Matilda Hit	chcock			OF 12-7-	52
	ACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE (W	here deceased lived, If ins B. COUNTY	titution: residence before admission)
B. FU	LL NAME	OF (If not in hospit	al or institut	ion, give street address or location)	Maryland	cutaida componeta limita	mite DIIDAI and aire
INST	TUTION	4940 Eastern	Ave	vals	C. CITY OR TOWN (If Baltimore	outside corporate limits,	write KUKAL and give
				Yrs.	D. STREET ADDRESS (If	rural, give location)	
c. Le	ngth of s	tay in Baltimore	Life	Mos. Days	1602 N. Port S	St	
5. SE	X	6. COLOR OR RACE		E. MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years It Un	der 1 Year If Under 24 Hours hs Days Hours Min.
	ale	White	Marri		June 6, 1872	80	
		CUPATION (Give kind of of working life even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 12	2. CITIZEN OF WHAT COUNTRY?
13 F	ATHER'S	NAME	u	Home	Maryland 14. MOTHER'S MAIDEN NA	A M E	
		nry Zick					
15. W	AS DECEAS	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	Charlotte Baine	Ŋ ADE	RESS
(Yes, no	or unknown)	(If yes, give war or date	s of service)	SECURITRECOI	ds: Baltimore Cit	y Hospitals	
ie	. F 91	13.0		CAUSE	OF DEATH	AVS	INTERVAL BETWEEN
		SE OR CONDITION					ONGE! AND DEATH
	(This does	not mean the mode oure, asthenia, etc. It mea	f dying, e. 1	c. (A) Cereb	ral Vascular Acci	dent	2 days
		complication which c					
_		ANTECEDENT CAUS	ES	Fra	cture of Left Hi	ח	1 Mo
ō	DISEASE	S OR CONDITIONS, II	F ANY, GIVIN	NG (E)			±
TA.	UNDERL	YING CONDITION LA	ST.	(C)		DEUNED BY	
CERTIFICATION			y 24 4		101100	APPROVED BY	
F		II SIGNIFICANT CONDI			CERTIFICATION	1 2 2 A	
B		TO THE DEATH, BUT ISEASE OR CONDITION			VE. 1.	V CADU EXHAMIEN	
119				FINDINGS OF OPER	1/V 345 AS	ST. MEDIC	20. AUTOPSY?
11 -		& 11-15-52 ENT WAS UNDER-	218. PL	pital Fracture ACE OF INJURY (e. g., i	of Left Tock On Or or 21c. WHERE DID (I	f in Baltimore City, give	YES NO.
	YING XXO	ENT WAS UNDER- R CONTRIBUTINGE DEATH	about bome,	farm, factory, street, office bldg., o	1602 N. Port		8/2
		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR			
4	Octo	ber 15, 1952	m.	WHILE AT NOT WHILE	Slipped and f	ell to floor	
2	2. I hereb	y certify that I att	cnded the	deceased from 10	-15- , 1952, to 12	- 7- 52 , 19 ,	that I last saw the
d	eceased a	live on 12-7-		and that death occur	red at 5:15 P. Mrom t.		
2	3A. SIGNA	HI Shal	. De	M. O.	4940 Eastern Ave.	THE RESERVE OF THE PARTY OF THE	23c. DATE SIGNED
24A.	BURIAL.	CREMA- 248 DATE	n ione	24c. NAME OF CEMETE		OCATION (City, town, or	The same of the sa
HON.	REMOVAL (S	al 12-10	- 52	Baltimore	Cem. no	rth ave 1	Salts. Mol.
DATE	RECEIVE		SSIGNATI	JRE	25. FUNERAL DIRECTOR	Q A	DDRESS 1. 9
_DF	C8-	9524 tim	ton W	Maus, My	John C. Miller	Anc2435	C. Oliver &.
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	MU	ar oe arthed	oh nr.	Fisher N 52	000	0 4	

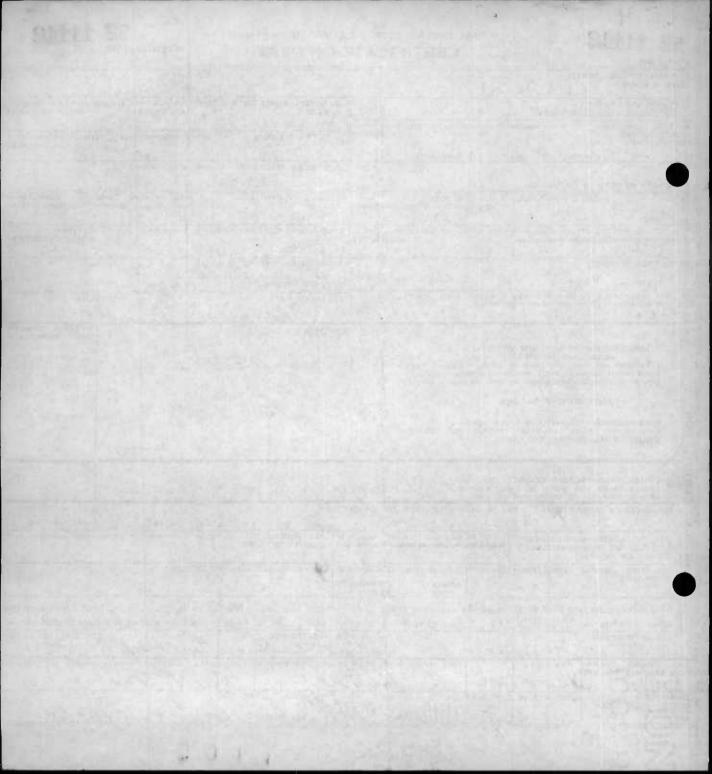


52 11112 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

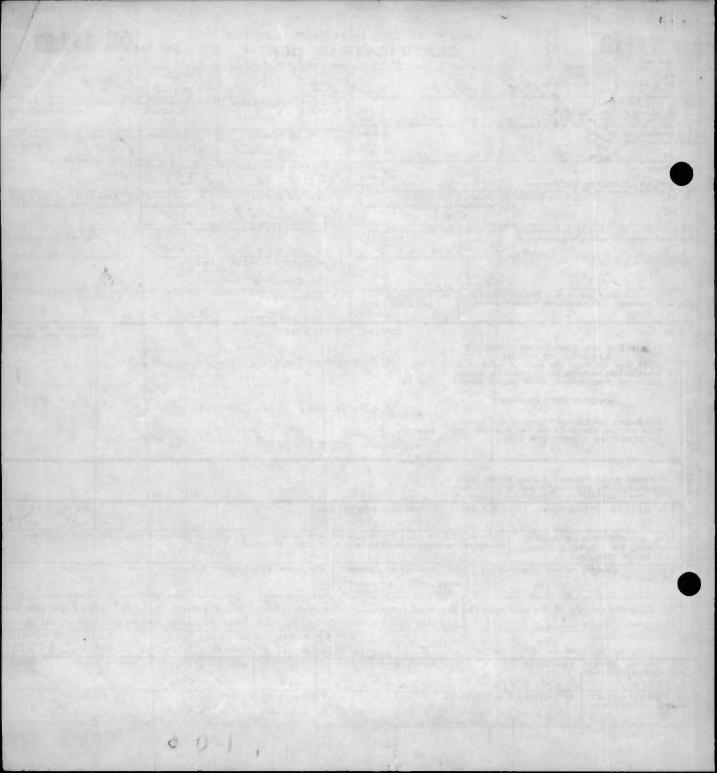
52 11112

Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF 1215151 DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence 3. PLACE OF DEATH: before admission) A. Baltimore City, Maryland A. STATE B. COUNTY (If not in liospital or institution, give street address or aryland B. FULL NAME OF HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION So with timore D. STREET ADDRESS (If rural, give location) Yrs. Mos. Wadeburn c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 9. AGE (in years) 8. DATE OF BIRTH If Under 1 Year If Under 24 Hours last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) Marrie 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Pentist 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Derte Margarella German 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unKnown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO 216-18-6619 INTERVAL BETWEEN 581.0 CAUSE OF DEATH 230 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH PSIAILIE CIRRHOSIS (This does not mean the mode of dying, e.g., ... heart failure, asthenia, etc. It means the disease, injury or complication which caused death. DUE TO ANTECEDENT CAUSES TUMOR ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED CO RODARY ARTERY DISTASE TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 11/12/52 PANCEGAS ENLARGED EDICA W.F.C. IS CIREBOTIC ; HEAD 94 YES 4 218, PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F, HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE m. WORK AT WORK 22. I hereby certify that I attended the deceased from 1110 52 19___ _. to. . 19___ , that I last saw the deceased alive on 12 152. 19 and that death occurred at 3:15 A.m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY mige DATE RECEIVED BY REGISTRAR'S SIGNATURE DIRECTOR ADDRESS MERAL EDCAT BECIALING VS 150

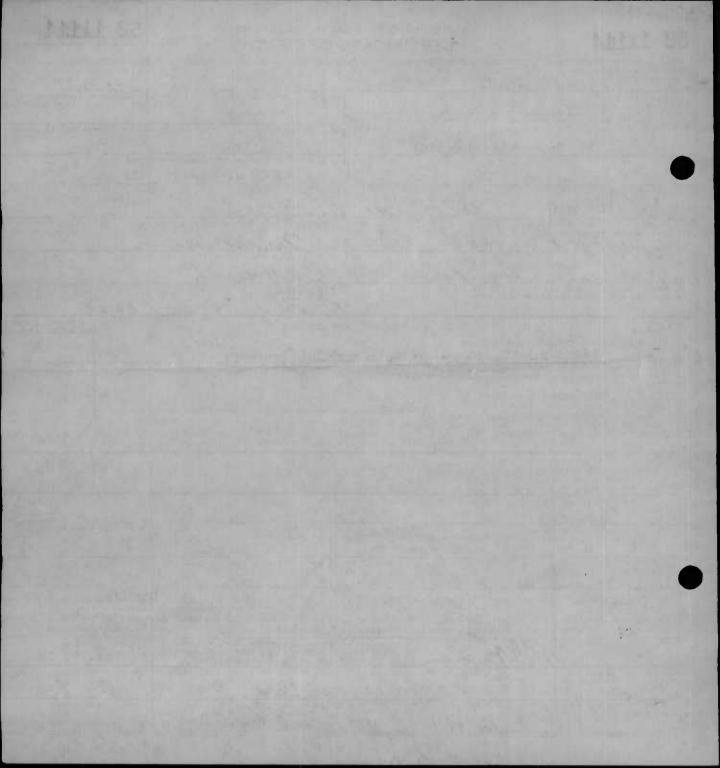


Registered 2 11113 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DINSmo 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years) If Under 1 Year last birthday) | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? ang Cu 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16/SOCIAL ADDRESS (If yes, give wer or dates of SECURITY NO. (Yes, no or unknown) NO 9-30-8602 18. 420.0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY? YES 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILF AT AT WORK WORK 22. I hereby certify that I attended the deceased from flow 6, 1952, to Dec 5 . 195 2that I last saw the deceased alive on Age 5. 19 52 and that death occurred at 6 40 pm., from the causes and on the date stated above. 236. DATE SIGNED 23B. ADDRESS 23A. SIGNATURE 24A. BURIAL, CREMA-TION REMOVAL Specify; 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (Fity, town, or county) 24B. DATE ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR LOCAL REGISTRAR

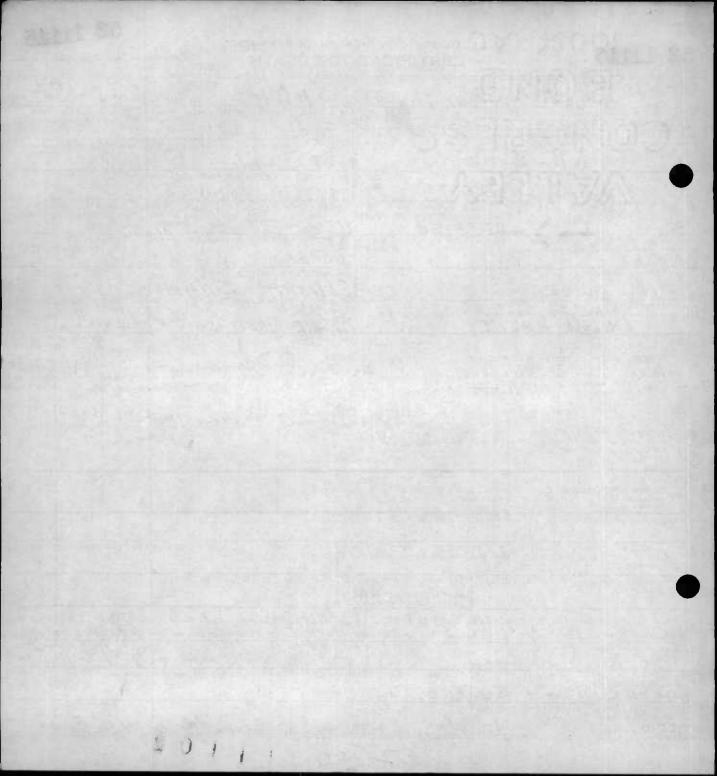
VS 150



52, 11114 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) **JESSIE** Dec. 5, GOINES DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) Marvland B. FULL NAME OF "f not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) University Hospital Baltimore p. STREET ADDRESS (If rural, give location) Mos. 1308 W. Mulberry Street Length of stay in Baltimore Dava 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last hirthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Male Colored Widouse 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. 18. 002X INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH A Pulmonary tuberculosis (This does not mean the mode of dving, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSYT NO X 218. PLACE OF INJURY (c. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS INJURY OCCUR? UNDERLYING | OR CONTRIB. UTING T CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE especially AT WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural eauses X, accident \(\subseteq \), suicide \(\suprempty \), homicide \(\suprempty \), undetermined \(\suprempty \). 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED age ASSISTANT MEDICAL EXAMINER. Dec. 5. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 25. FONERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE AODRESS LOCAL REGISTRAR



1. (T:	AME OF DECEASED ROTERT LUTTER YANCEY	SHAW	2. DATE OF DEATH /2-	5-52
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W		titution: residence before admission)
В.	FULL NAME OF (If not in hospital or institution, give street address or location)	Md		
	STITUTION 1212 N. ROND ST.	RAIT	outside corporate limits, v	township)
-	Yrs.	D. STREET ADDRESS (If r	ural, give location)	
C.	Length of stay in Baltimore 25 y RS Mos. Days	1212 N. BON	.1 0+.	
-	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE (In years It Uni	fer I Year If Under 24 Hours ns! Days Hours! Min.
	M. C. WIDOWED, DIVORCED (Specify)	11-26-97	55	is Days Hours min.
10. work	A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR done during most of working life, even if retired)	11. BIRTHPLACE (State or for	eign country) 12	CITIZEN OF WHAT COUNTRY?
B	ARBER	DURHAM, N.	C.	
13	FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME	
15	JOHN JANCEY	ELIVORTI O	MHW	
(Yes	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	(A) = 1 A	RESS
	WAR WAR I	DESSIE DHAW	1212 N. 561	
	772	OF DEATH	,	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	e brul Hara	nuloses	11-30,5
	(This does not mean the mode of dying, e.g., (A)			
			1 .1 0	
7	ANTECEDENT CAUSES	Musue Chr. K	y) Voscula	
O	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		1) eseal	•••••••••••••••••••••••••••••••••••
FICATION	UNDERLYING CONDITION LAST. (C)			
ERTI	OTHER SIGNIFICANT CONDITIONS CON-			
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
7	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
CA	21a. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (e. g., in	n or 21c. WHERE DID (If	in Baltimore City, give	YES NO NO NO
IEDICAL	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., c		in banance cross gave	200000000000000000000000000000000000000
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY	ED 21F. HOW DID INJURY	OCCUR?	
	m. WHILE AT NOT WHILE			CEREAL ME
	22. I hereby certify that I attended the deceased from	-30 195740 1	2 - 5 , 195-74	hat I last saw the
	deceased alive on 12-4, 1952 and that death occur		e causes and on the	
	234 SIGNATURE Calum M.D.	1222 N. O.	roline 8t	2-8-12
24	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE.	RY OR CREMATORY 24D. LC	CATION (City, town, or	county) (State)
7	3 URIAL 12-9-52 ARBUTUS 1			
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	A	DDRESS



620			ro	4.1440
52 11146	CERTIFICATE		Registered No.	11116
BIRTH NO.	CERTII ICATE	- OI DEATH		
1. NAME OF DECEASED (Type or Print)	gross		DEATH	4-52
a. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If inst	itution ; residence before admission)
HOSPITAL OR	titution, give street address or location)	c. CITY OR TOWN (If	outside corporate limits, w	
INSTITUTION Promodent SA	reputal	Baltema	0 18-1) township)
anoth of ctay in Politimans	Yrs. Mos.	D. STREET ADDRESS (If r	ural, give location)	1
c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SII	Days NGLE, MARRIED,	8. DATE OF BIRTH	AGE (In years If Unde	r 1 Year It Under 24 Hours
	DOWED, DIVORCED (Specify)	Auch 6 1897	last birthday) Month	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 105.) work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	1. BIRTAPLACE (State or for	reign country) 12	CITIZEN OF
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	hangland	u sa
Jaseps m Sha	00/	Oplian 121	a bonoury)	
15. WAS DECEASED EVER IN U. S ARMED FORCE (Yes, no or unknown) (If yes, give war or dates of service)		17. WFORMANT	ADDE	RESS
18. 171%	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIREC	1 R	of leaver		7
(This does not mean the mode of dying heart failure, asthenia, etc. It means the injury or complication which caused	disease,	7	•••••	······································
ANTECEDENT CAUSES	Wes	ine Fibrard		
DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST. U		, , , , , , , , , , , , , , , , , , ,		
UNDERLYING CONDITION LAST.	MI	1-	11,4	
	(C) /// Kl	nutulian +	phydielia	
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RI TO THE DISEASE OR CONDITION CAUSI	ELATED			
	JOR FINDINGS OF OPER	ATION		20. AUTOPSY?
CAL		or 21c. WHERE DID (I	in Daltiman City aiva	YES NO
	. PLACE OF INJURY (e. g., in home, farm, factory, street, office bldg., e		f in Baltimore City, give	exact location)
21D. TIME (Month) (Day! (Year) (Hour)	21E. INJURY OCCURRI	ED 21F, HOW DID INJURY	OCCUR?	4
OF INJURY	m. WHILE AT NOT WHILE			
22. I hereby certify that I attended		11/26/, 1952, to		hat I last saw the
deceased alive on 12/9/, 193		red at/Dissp.m., from the	re causes and on the c	date stated above 3c. DATE SIGNED
Carm//ly	Rn M.D.	Provident Hospida	el 1	2/6/52
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY 24D. LC	CATION (City, town, or	county) (State)
DATE RECEIVED BY REGISTRAR'S SIGN	NATURE STATE	25. FUNERAL PIRECTOR	nasoum/	DORES
DEC 8 - 1957 H- + ton	Williams, Mys	arlington S.F.	Thellips 18587	Monroe St.
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	5 2 6200	A 100		

52 11117 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) D. STREET ADDRESS Yrs. (If rural, give location Mos. utaw c. Length of stay in Baltimore Days AGE (In years | ff Under | Year | ff Under 24 Hours last birthday) | Months | Days | Hours | Min. 9. AGE (In years) 6. COLOR DR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) married 10B. KIND OF BUSINESS OR 12. CITIZEN OF 1. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of WHAT COUNTRY INDUSTRY work done during most of working life, even if retired) SHOE SHINER Unknown 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EYER IN U. S. ARMED FORCES? Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. (Yes, no or nnknown) 1507 Edmond noun CAUSE OF DEATH ONSET AND DEATH re Caldiovasculor DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUF TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATEO TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY'1 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB-UTING | CAUSE OF DEATH. 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WORK 22. I certify that I took charge of the remains described above, held an International Autopsy, Inspection or I quiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes R, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 23B. CHIEF MEDICAL EXAMINER | 23c. DATE SIGNED 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER ... MEDICAL INVESTIGATOR .. 24D. LOCATION (City, town, or county) BURIAL, CREMA-24C. NAME OF CEMETERY DR CREMATORY TION, REMOVAL (Specify) Durial DATE RECEIVED BY LOCAL REGISTRAR VS 151

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	350				
5	2 11118	BALTIMORE CITY HE		52 Registered No	11148
	NAME OF DECEASED ype or Print) Willie	Cotton		2. DATE OF DEATH /2-	5-51
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (
H	FULL NAME OF (If not in hospital or in pospital or	nstitution, give street address or location) Hosp, Hal	Balto	f outside corporate italits,	write HUKAL and give township)
	Township of stars in Dulling	Yrs. Mos.	D. STREET ADDRESS (II	rural, give location)	17 57
-		Days I SINGLE, MARRIED. VIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (ln years li Un last birthday) Mont	der I Year If Under 24 Hours hs: Days Hours Min.
	M	5,0916	8 3 5 4 11. BIRTHPLACE (State or)	28	
worl	k done during most of working life, even if retired) LaBorer	. KIND OF BUSINESS OR INDUSTRY	M. BIRTHPLACE (State of)	toreign country)	WHAT COUNTRY?
13	. FATHER'S NAME	En.	14. MOTHER'S MAIDEN N	IAME	037
	James Cotton		Dora H	EGGENS	
(Ye	6. WAS DECEASED EVER IN U. S. ARMED FOR (If yes, give war or dates of ser	CES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADI	DRESS
	18. 4/0X	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRE LEADING TO DEATH	CTLY	1		John State
	(This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused	e disease,	luo wory h	eMorrage	
	ANTECEDENT CAUSES	7.	lmowory ho		
ON	DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT	, GIVING			***************************************
ERTIFICATION	UNDERLYING CONDITION LAST.	(c) Khe	omatic - value	litie- (mitral	555
IFI	11				
	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT IT TO THE DISEASE OR CONDITION CAUS	RELATED			
L	19A. DATE OF OPERATION 2 19B. M		ATION		20. AUTOPSY?
EDICAL	21A. ACCIDENT WAS UNDER- 21	IB. PLACE OF INJURY (e. g., ix	or 21c. WHERE DID	(If in Baltimore City, giv	YES NO L
4ED		at home, farm, factory, street, office hidg., e			
	ID. TIME (Month) (Day) (Year) (House F INJURY		ED 21F. HOW DID INJUR	Y OCCUR?	
		m. WHILE AT NOT WHILE			
	deccased alive on 12-5, 19.	ed the deceased from			
	23A. SIGNATURE		2- ADDDEEC		23c. DATE SIGNED
2	4A. BURIAL, CREMA- 24B. DATE	M. D.	CHUVE rety RY OR CREMATORY 240. 1		(2-6-52 county) (State)
TI	ON, REMOVAL (Specify)		vary Ba	IT. Md	
D	ATE RECEIVED BY REGISTRAR'S SIG		25. FUNERAL DIRECTOR		DDRESS

97099 1303 Presstman A VS 150

BALTIMORE CITY HEALTH DEPARTMENT Register 52, 11119 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 1/2 4. USUAL RESIDENCE (Where deceased lived. If institution; residence 3. PLACE OF DEATH A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C CITY OR TOWN INSTITUTION _(If rural, give location Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore Davs 6. COLOR OR RACE I G. SINGLE, MARRIED 8. DATE OF BIRTH 5. SEX 9 AGF (In years If Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. INTERVAL BETWEEN CAUSE DEATH 401,1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) RTIFIC OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT WORK AT WORK

22. I hereby certify that I attended the deceased from. deceased alive on . 19 Land that death occurred at 23/SIGNATURE

, 10 2 that I last saw the

for, from the eauses and on the date stated above. 23c. DATE SIGNED 24D. LOCATION (City, town, or county)

24A BURIAL, CREMA-TION, REMOVAL (Specify) BURIAL, CREMAuria DATE RECEIVED BY

LOCAL REGISTRAR C 8- 195

as.

24B. DATE

REGISTRAR'S SIGNATURE

238. ADDRESS

25 FUNERAL DIRECTOR

VS 150

24C, NAME OF CEMETERY OR CREMATORY

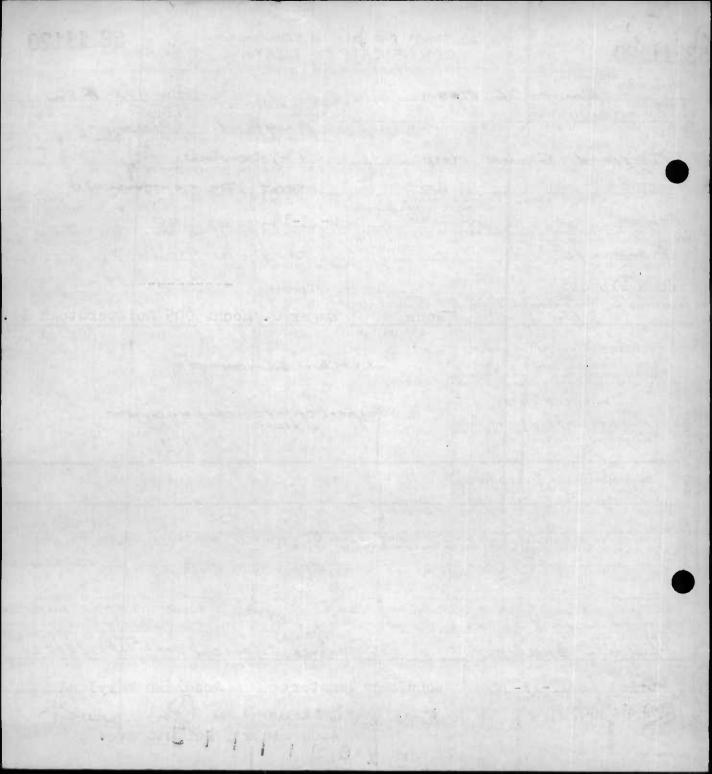
ADDRESS

Da Blake et 1603 n. Caroline et

CERTIFICATE OF DEATH

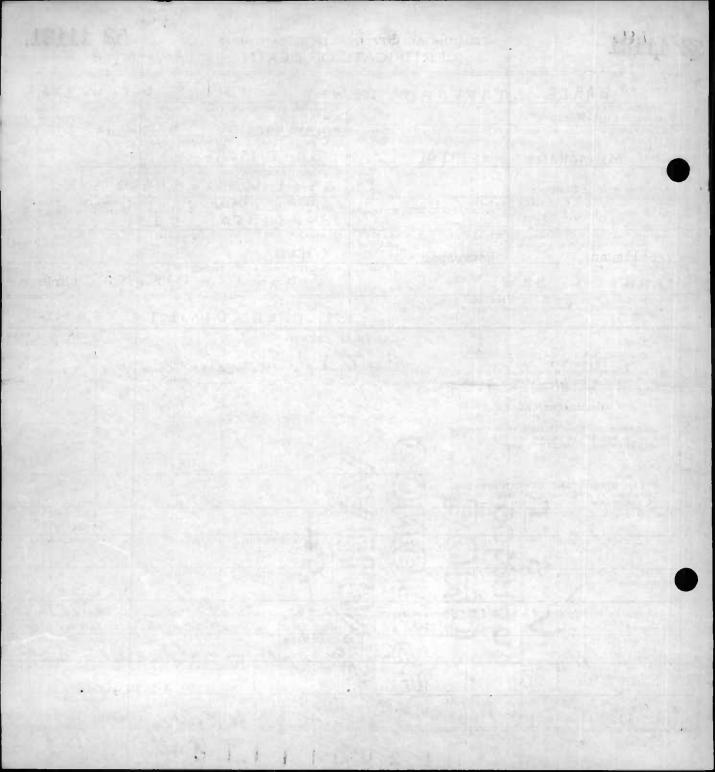
52 11120 Registered No. 11120

BI	RTH NO.						
	NAME OF D 'ype or Print)	Emme	4. M			2. DATE OF OF	ec.
	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDER	NCE (Where deceased lived, If ins	titution : residence before admission)
H	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or location)	C. CITY OR TOWN	(If outside corporate limits	rite RUBAL and give
IN	Mary	and Gene	-01 1-	40 30.	Reiste		township)
				Mos.	D. STREET ADDRES	SS (If rural, give location)	
	Length of s	tay in Baltimore	7 SINGLE	20 Days	8. DATE OF BIRTH	Reisters H Uni	
	-	o. dozon on made	WIDOW	ED, DIVORCED (Specify)	8-14-1912	last birthday) Month	ns Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR		ate or foreign country) 12	. CITIZEN OF
wo! !		working life, even if retired)		INDUSTRY.	Uingin	via.	WHAT COUNTRY?
13	FATHER'S				14. MOTHER'S MAIL	DEN NAME	
1.80	John Bl	owers			Emma	131025225	
(Yes	, no or unknown)	D EVER IN U. S. ARMED (If yes, give wer or date	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		RESS
-	10 110	100		None		loon 5005 Reiste	INTERVAL BETWEEN
	18. 443	E OR CONDITION	DIDECTIV	CAUSE	OF DEATH		ONSET AND DEATH
		LEADING TO DEAT	TH		ebral hem		
	heart failu	not mean the mode ore, asthenia, etc. It mea complication which c	ns the diseas	e,	and the second second	<i>GP/dye</i>	
		ANTECEDENT CAUS		., 202 10			
z				(B) hyp	ertensive.	-cardio-vaxular	
일	RISE TO T	OR CONDITIONS, IN	STATING TH	IG HE DUE TO	discase.		
CA	UNDERLY	ING CONDITION LA	ST.	(C)	•		
IFI		П					
ERTIFICATION	OTHER S	IGNIFICANT CONDI	TIONS CON	1 -			
Ö	TO THE DI	SEASE OR CONDITION	CAUSING I	т	7101		
AL	ISA. DATE O	- OPERATION O	9B. MAJOR	FINDINGS OF OPERA	ATION		YES NO
EDICA		ENT WAS UNDER-	21B. PLA	CE OF INJURY (e. g., in	or 21c. WHERE DI		
ME	CAUSE OF			arm, factory, street, office bldg., et			
	OF INJURY	Month) (Day) (Year)		21E. INJURY OCCURRE WHILE AT NOT WHILE T	D 21F. HOW DID I	INJURY OCCUR?	
			m.	WORK AT WORK _			
				deceased from_/=	-7 19.52	to 12 - P, 19 5, t from the causes and on the	hat I last saw the
	23A. SIGNAT	TURE	, 19.5-2.	and that death occur	BB. ADDRESS	1 2	date stated above.
	Lalu	ele Bakli				weraf popilar	2/8/52
710	N, REMOVAL (S	Pecify)				240. LOCATION (City, town, or	county) (State)
D/	Burial			Woodlawn C	emetery	Woodlawn Mary	land
	DEC 8-	1952 Huntin	1-1	Villiams M.	E elswort	El Orma	OO
	VS 150		0			ty Heights Ave.	
		In a supply		952	0011		
			A				



52 11121 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEC. 6, 1952 EARLE STAFFORD DEWEY 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or MARYLAND BALTIMORE CITY HOSPITAL OR location) C. CITY OR TOWN (If outside corporate imits write RURAL and give INSTITUTION BALTIMORE WION MEMORIAL HOS PITAL D. STREET ADDRESS (If rural, give location) Yrs. Mos. WESTERWALD AVE c. Length of stay in Baltimore Days 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH (1900) 9. AGE (In years) 5. SEX If Under 1 Year AGE (In years | If Under 1 Year | If Under 24 Hours last birthday) | Months: Days | Hours: Min. WIDOWED DIVORCED (Specify) M Jan. 4,1950 10A. USUAL OCCUPATION (Give kind of) 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doos during most of working life, even if retired) INDUSTRY WHAT COUNTRY? OHID Salesman Newspaper 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ETHELYNI DEWEY HARRY 1. MARY Shriver 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or uoknowo) (If yes, give war or dates of service) SECURITY NO. MILDRED DEWEY SAMI-18. 451X INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY steered abdomenatanewysm LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO atterisclensis ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICA 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE ATT WORK AT WORK 22. I hereby certify that I attended the deceased from 12-6, 1952to 12-6, 1957that I last saw the deceased alive on 12 - 4 1952 and that death occurred at _m., from the causes and on the date stated above. 23A, SIGNATURE 238, ADDRESS 23c. DATE SIGNED 24A. BURIAL. CREMA-NAME OF CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) 24B. DATE Burial Woodlawn Cem. Woodlawn .. Md. DATE RECEIVED BY JUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR

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BALTIMORE CTY FEALTH DEPARTMENT

-	2	59	44400
		JE	11122
	Registered	No-	

	RTH NO.			CERTIFICATI	L OI DLAIII		
1. (T)	NAME OF D	ECEASED Well., J	essie			2. DATE OF DEATH 12/7	/52
A.	PLACE OF D Baltimore (FULL NAME	City, Maryland	al on instituti	on, give street address or	4. USUAL RESIDENCE (WA. STATE	B. COUNTY	before admission)
HC	SPITAL OR STITUTION	USPHS Hospit		location)		outside corporate limits,	write RURAL and give township)
c.	Length of s	tay in Baltimore	28 days	Yrs. Mos. Days	D. STREET ADDRESS (If 1434 Druid Hill		
	SEX 1	6.COLOR OR RACE	7. SINGLE	., MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If U	hs Days Hours Min.
10. work	A. USUAL OC	CUPATION (Give kind of f working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		2. CITIZEN OF WHAT COUNTRY?
13.	P. We]				14. MOTHER'S MAIDEN NA Fannie Berry		- 0
15. (Yes	WAS DECEASE no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	D FORCES? e of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Virgins		17sMadison A.
ERTIFICATION	heart failu injury or DISEASES RISE TO T UNDERLY OTHER S TRIBUTING	not mean the mode of re, asthenia, etc. It mes complication which of the complication which of the complication which of the complication with the above cause (a) in a complication of the complication of the death, but	ms the disease caused death. EES FANY, GIVIN STATING THAST. ITIONS CON NOT RELATE	(B) Manna (B) Manna (C)	ehopneumonia ary carcinoma and riosclerosis	generalized	undetermin
AL C				FINDINGS OF OPER	ATION		20. AUTOPSY7
EDICA	21A. ACCID	ENT WAS UNDER-		CE OF INJURY (e. g., is	or 21c. WHERE DID (I	f in Baltimore City, give	
븬	CAUSE OF	R CONTRIBUTING DEATH	about home, fo	arm, factory, street, office bldg., e	INJURY OCCUR?		ve exact location)
JE JE	CAUSE OF	R CONTRIBUTING DEATH Month) (Day) (Year)	(Hour)	arm, factory, street, office bidg., of the control		OCCUR?	e exact location)

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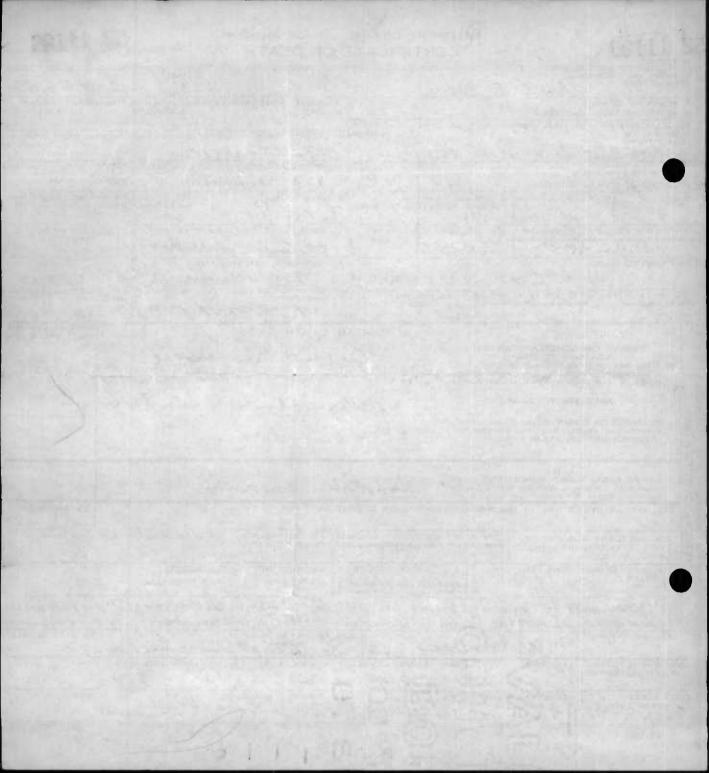
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E NO	11123 BIRTH NO.
1	. NAME OF DECI Type or Print)
3	Paltimore City

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52 11123

BIRTH NO.	CENTILICATI	- OI DEATH	
1. NAME OF DECEASED (Type or Print) ANNIE E.	DAVIS	2. DATE OF DEATH OF LEMBER	6,1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: re	
B. FULL NAME OF (If not in hospital or ins HOSPITAL OR INSTITUTION	titution, give street address or location)	C. CITY OR TOWN (If outside corporate limits write RURA	Rand give
SOUTH BALTIMORE GEN.		Baltime, Md. La J.	township)
c. Length of stay in Baltimore	61 Yrs. Mos. Days	123 So. Hanne St., Baltum	130
	IGLE, MARRIED, DOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years if Under I Year last birthday) Months: Days Ho	Under 24 Hours ours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if getired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltume, manyland 12. CITIZEN WHAT C	OF OUNTRY?
13. FATHER'S NAME	1	14. MOTHER'S MAIDEN NAME	
(735.	Juses WEL	Honduan Gallege	52
15. WAS DECEASED EVER IN U. S. ARMED FORCE Yes, no or unknown) (If yes, give war or dates of service	S? 16. SOCIAL SECURITY NO.	17-INFORMANT- ADDRESS AM 2	
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the dinjury or complication which caused of any or complication which caused of any complication which caused of any complex to the above cause (a) stating underlying condition last.	e.g., (A) (Sease, leath.) DUE TO	Ten wine Cardis Vacculon Quince	
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSI	LATED AUANG	atii pneumoria	
194. DATE OF OPERATION () 198. MA	JOR FINDINGS/OF OPER	ATION 20. AU	TOPSY?
	PLACE OF INJURY (e. g., in ome, farm, factory, street, office bldg., e		ation)
FINJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended		red at 8:15 Pm., from the causes and on the date stat	t saw the
23A. SIGNATURE		38. ADDRESS Baltimore Feel / Hogs	
24A. BURIAL BREMA- 24B. DATE TION, REMOVAL Specify	24c. NAME OF CEMETE	RYOR CREMATORY 24D. LOCATION (City, town, or county)	(State)
DATE RECEIVED BY REGISTRAR'S SIGN	- 1/1/ FF. / A A/A	25 FUNERAL DIRECTOR ADDRESS	
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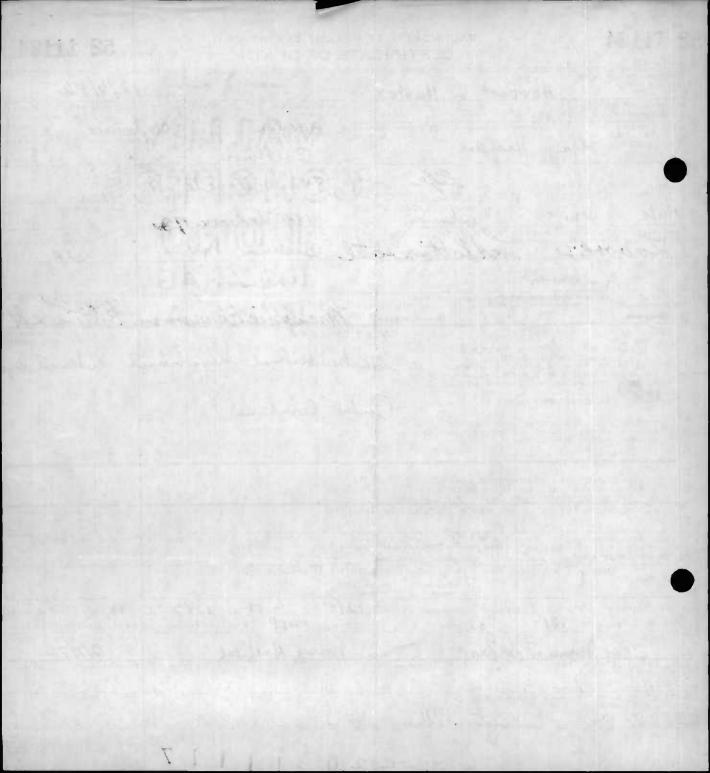


2 11134

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52 11134

BIRTH NO.	- OI BEATTI
1. NAME OF DECEASED (Type or Print) Herbert L. Hunter	2. DATE. OF DEATH 12/7/52
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution : residence
B. FULL NAME OF (If not in hospital or institution, give street address or	Maryland Balfumore before admission)
HOSPITAL OR INSTITUTION Mercy Hospital	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
O. A. Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Mos. Days	8.42 w. Fayette St.
Male 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years il Under I Year Months: Days Hours: Min.
10A. USUA OCCUPATION (Give kind of 100 KIND OF BUSINESS OR work downling my of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
dord chilenore total	Bacture, MO. WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unthouse	Unkum
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yea, no or unknown) (If yea, give war or dates of service) SECURITY NO.	Man Joshie Krausena Rollingo It
18. 58/10 . CAUSE C	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e. g.,	roentertual Kensorhage Seneral days
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	00.1
Z DISEASES OR CONDITIONS, IF ANY, GIVING	e Wilheria
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	
21a. ACCIDENT WAS UNDER. 21b. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bidg., et	or 21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., et	(c.) INJURY OCCUR?
Z1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?
DF INJURY MHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 12	15 , 1957, to 12/7 , 1952, that I last saw the
	red at 10:65 Pm., from the causes and on the date stated above.
23A. SIGNATURE Q. 1	3B. ADDRESS / 23C. DATE SIGNED
Kay James Frocher M.D.	meray Hospital 12/7/52
24A. BURIAL, CREVA. 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY	Selling 1430 fild Will
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
DEC 8-1952 Tuntington Villiams, My	with willotted go I Sallings -
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52 11125 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. MLB. 161796 1. NAME OF DECEASED (Type or Print) 2. DATE 12-6-52 Annetta McCullough DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OF Limore City Hospitals location) Maryland (If outside corporate amits, wait, RUBAL and give C. CITY OR TOWN township) 4940 Eastern Ave Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos Life c. Length of stay in Baltimore 3101 Pelham Ave Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | If Under I Year | If Under 24 Hours last birthday) | Months: Days | Hours Min. Separated Jan 6, 1914 Female White 10A. USUAL OCCUPATION (Give kind of II. BIRTHPLACE (State or foreign country) IOB. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, oven if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Teistner Jennie Foos 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT City Hospitals ADDRESS 4940 Eastern Ave INTERVAL BETWEEN 18. 593 X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Uremia 3mos. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Chronic Renal Disease CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY 12-6-19 52 to 22. I hereby certify that I attended the deceased from_ deceased alive on 12-6. 19 52 and that death occurred at 7:00 m. Hom the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 4940 Eastern Ave. Balto. Md. 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL CHEMA 24B, DATE DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR wilington 130 VS 150

MARIA .TATE PERM COLUMN THE SHE Plant of the same of the same of THE REPORT OF THE PARTY OF THE

Registered N11136

11136	CERTIFICATE OF DEATH 4201	
I. PLACE OF DEATH: (a) Baltimore City, Maryland	4.1.1.	2. USUAL RESIDENCE OF DECEASED (a) State (b) County

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	MI WA	
(b) Street address 2926 Christo pher Ave	(a) State Md (b) County	
(c) Hospital or institution:	(c) City or town Baltimore	11
	(If outside city or town limits write RURA	L and give town)
	(d) Street No. 2926 Christophe	- NVe
Length of stay in hospital or inst. (yrs., mos., or days)	(If rural give location)	(Yes or No)
2) Length of stay in Baltimore (yrs., mos., or days) 74 yrs.	If yes, name country	
(a) FULL NAME Emma Harriet. Fo	wble Baker wow was	e. Maria
(b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	
NONE No.216-10-7011	20. DATE OF DEATH DEC. 6, 195	2. at 9:35 P. M
Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stat	
emale White divorced. Married	ed deceased from Man. 17, 19 50, to Mac. 6, 1952	
(b) Name of husband or wife MITON	and that I last saw her alive on Qc. 5, 19 52.	
6 (c) If alive, give age 7 L years	Immediate cause of death	Duration
Birth date of deceased (mo., day, yr.) FCB. 13.	Heart failure	6 more
AGE: Years Months Days If less than one day		
74. hr. min.	Due to Coronary artery dis.	Zyean
Birthplace Yeho, Balto. Co.	***************************************	
(Town, county and state)	Due to	
. Usual Occupation When make Augan		
Industry or business Fine medialy WORKHEIS	Other Conditions	
12 Name John. Fowble	(1)	PHYSICIAN
13. Birthplace Germany	(Include pregnancy within 3 months of death)	Underline the
	Major findings of operation:	cause to which
14. Maiden Name Ellen long		death should be charged statis-
15. Birthplace	of autopsy:	tically.
6 (a) Informani Brother	22. If death was due to external causes, fill in the fo	ollowing:
(b) Address 2926 Christophy hu	(a) Accident, suicide, or homicide	
7 (a) BURIAL (b) Date thereof DEC. 9-51	(b) Date of occurrencea	tM
(Burial, cremation, or removal) (month) (day) (year)	(c) Where did injury occur? (City or town) (Cour	nty) (State)
(c) Cemetery or crematory Dallo Cours.	(d) Did injury occur about home, on farm, industrial	
Location Ballo Md,	place?	
(a) Funeral director PAUL A. HEEMANN	The state of the s	
(b) Address ODD HARFORD Rd.	(e) Means of injury	-1
DECO COEA IL- 1. L. MILL	23. Signature Rando	M. D.
9 (White Winterglow Williams M	Address 6077 Hander of Rd. Date sig	ned /2-6-52

PLEASE WRITE PLAIN correct age is especify

INSTRUCTIONS FOR MEDICAL CERTIFICATION

THE PARTY OF THE P

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

CONTRACTOR OF THE PERSON NAMED IN

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

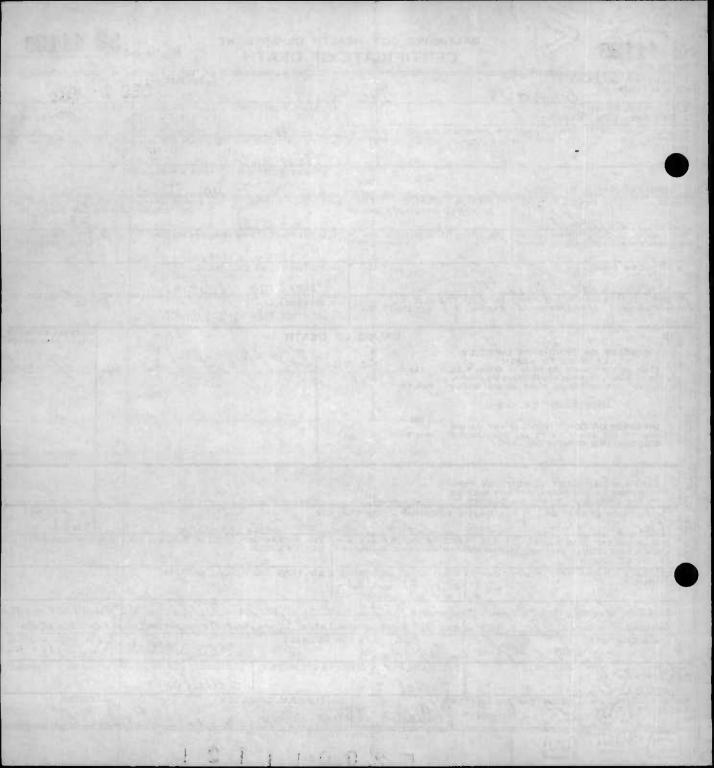
Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

EAGE JANGS TO THE PROPERTY OF

320	BALTIMORE CITY HE	EALTH DEPARTMENT	Registered No.	2 11128
BIRTH NO. PAN KLD.	CERTIFICATI	E OF DEATH	Registered No.	223.90
1. NAME OF DECEASED (Type or Print) G (Adys	nie 7	tz.	OF DEC 7	- 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If ins B. COUNTY	titution : residence before admission)
B. FULL NAME OF HIS not in pospital or in HOSPITAL OR INSTITUTION	nstitution, give street address or OSPITAL' location)	c. CITY OR TOWN (I	f outside corporate limits, v	vrite RURAL and give township)
	Yrs.	Belfonte,	rural give location)	,
c. Length of stay in Baltimore	Mos. Days	119 N. Pen	IN St.	
5. SEX 6. COLOR OR RACE 7. S	INGLE, MARRIED.	8. DATE OF BIRTH		der 1 Year If Under 24 Hours hs Days Hours Min.
JOA. USUAL OCCUPATION (Givekindof) 10B.	KIND OF BUSINESS OR	11. BIRTHPLACE (State or i	foreign country) 12	2. CITIZEN OF
work done during most of working life, even lf retired)	INDUSTRY	Pennsylva	nia	WHAT COUNTRY?
13. FATHER'S NAME		Albertina Y	IAME K	
15. WAS DECEASED EVER IN U. S. ARMED FORG (Yes, no or nuknown) (If yes, give war or dates of section)	16. SOCIAL SECURITY NO.	17. INFORMANT JOHNS HOPKINS		RESS
18. 754.4 DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused ANTECEDENT CAUSES OF DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST.	disease, death.) DUE TO (B)		+ Dison	INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT F TO THE DISEASE OR CONDITION CAUS	RELATED			
194. DATE OF OPERATION 198. M	AJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
	B. PLACE OF INJURY (e.g., it home, farm, factory, street, office bldg.,		(If in Baltimore City, give	
21D. TIME (Month) (Day) (Year) (Hour OF INJURY	r) 21E, INJURY OCCURR WHILE AT NOT WHILE MORK AT WORK		Y OCCUR?	
22. I hereby certify that I attended	d the deceased from 12 -	-4- 1952 to/	2-7- , 1952	that I last saw the
deceased alive on 12-7-, 19.	5 2 and that death occur	23B. ADDRESS LOHNS HOPK		date stated above.
244. BURIAL, CREMA. 248. DATE	24C. NAME OF CEMETE	dies, werenn him and and	OCATION (City, town, or	
Removal (Specify)	Bellefonte		llefonte,	Pa.
DATE RECEIVED BY LOCAL REGISTRAR'S SIG	ton Williams M.	25. FUNERAL DIRECTOR	1217 St. Par	DDRESS
Vs 150		DVIIII OUVIL OIM	1 1861 / 1/10 1000	



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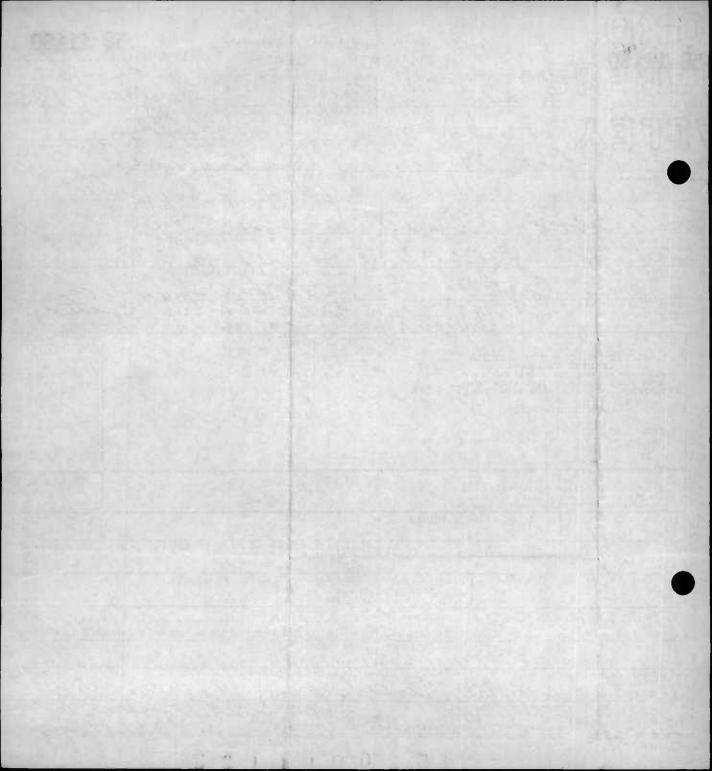
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52 11139

B	RTH NO.		CERTIFICAT	E OF DEATH		
1.	NAME OF E	ECEASED			2. DATE	
(T	ype or Print)	Charles	Lawrence	Grover	OF DEATH Dec.	5 1059
3.	PLACE OF D	EATH:		4. USUAL RESIDENCE	Where deceased lived, If	institution : residence
		City, Maryland Bo	alto. City	A. STATE	B. COUNTY	before admission)
	FULL NAME OSPITAL OR	OF (If not in hospit	tal or institution, give street address or location)	Maryla		N 6
	ISTITUTION		location)	c. CITY OR TOWN	(If outside corporate limi	s, write RURAL and give township)
	7	733 Dolphir	a Street	Baltimore 1		
			Yrs.	D. STREET ADDRESS	(If rural, give location)	
_	Length of s	stay in Baltimore	Life Mos.	733 Dolphin	Street	
	SEX	6. COLOR OR RACE	2435	8. DATE OF BIRTH		If Under 1 Year If Under 24 Hours
	02.1	O. GOLON ON MAGE	WIDOWED, DIVORCED (Specify)	O. DATE OF BIRTH		onths Days Hours Min.
	Male	Col.	Married	Oct. 1. 1893	59	
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND OF BUSHNESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF
-			1 m 2 m			WHAT COUNTRY?
	Operato B. FATHER'S		Elevator Public	Baltimore 14. MOTHER'S MAIDEN	NAME .	U.S.A.
		NAME.		14. MOTHER'S MAIDER	NAME	
	John	Grover	*8	Elizabet	h Taylor	
15	. WAS DECEAS	ED EVER IN U. S. ARMEI	D FORCES? 16. SOCIAL	17. INFORMANT	Α	DDRESS
(10	e, no or nnknown)	War # 1	se of service) SECURITY NO.	Mary Grover	and the second s	
					199 DOIDHIU	
	1B. 44	3 X	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY /	01/	11.	
	(This does	LEADING TO DEA	TH of dving e.g. (A)	for hemor	blique	
	heart failt	ire, asthenia, etc. It mea	ans the disease.			***************************************
	injury or	complication which	caused death.) DUE TO	1		
		ANTECEDENT CAUS	SES //	ypertem		
z			(B)	abra con	31000	
0	DISEASE	S OR CONDITIONS, I	F ANY, GIVING	· ·		
F	UNDERLY	THE ABOVE CAUSE (A)	STATING THE DUE TO	19-57		
Ü			(C)			
ī						
ERTIFICATION	OTHER S	II SIGNIFICANT CONDI	ITIONS CON-			
EF	TRIBUTING	TO THE DEATH, BUT	NOT RELATED			
Ū	THE R. P. LEWIS CO., LANSING, MICH.	ISEASE OR CONDITION				
L	19A. DATE C	OF OPERATION ()	198. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICA						YES NO
K	21A. ACCIE	ENT WAS UNDER-	218. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		(If in Baltimore City,	give exact location)
Ш	CAUSE OF	R CONTRIBUTING	and a money, at m., actor y, seeset, onice bldg.,	INJUNT OCCURT		
	21p. TIME	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJ	URY OCCUR?	
	OF INJURY	(===, (===,	WHILE AT NOT WHILE			
			m. WORK AT WORK			
	22. I hereh	u certify that I at	tended the deceased from 4	December 19 Pt to	5 Decemb. 198	I that I last sam the
	deceased a	71		red at 6 p.m., from		
	23A. SIGNA			3B. ADDRESS	m inc causes and on i	
	ZJA, SIGNA		/	40 1 1 4 1	6-1-1-7	23C. DATE SIGNED
	1. Dust.		aui e ous M.D.	910 W.Lon		& December 52
TIC	4A. BURIAL, ON, REMOVAL (S	CREMA- 24B. DATE	24c. NAME OF CEMETE	RY OR CREMATORY 24	D. LOCATION (City, town	, or county) (State)
1 -	Burial		952 Baltimore Na	at. Ba	ltimore Md.	
D	ATE RECEIVE	D BY REGISTRAR	'S SIGNATURE	25 KUNERAL DIRECTO		ADDRESS
L	OCAL REGIST		1: + N/11.	Elaca model	land Ina	Bearilly 11.4
1	1FC 8-1	057 Two	bruglow Williams. M.	Sound Demo	4101	- Jan
	VS 150	0000	0	W. State of the Control of the Contr		1

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52-1i130	CERTIFICATI		Registered No.	2 11130
1. NAME OF DECEASED (Type or Print)	el Carte	iv .	OF DEATH DEC.	5.1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If ins	titution: residence before admission)
B. FULL NAME OF (If not in hospital or in HOSPITAL OR INSTITUTION)	stitution, give street address or location)	C. CITY OR TOWN	outside corporate limits w	
Frondens O	Trep.	D. STREET ADDRESS (If	ural, give location)	towkship)
c. Length of stay in Baltimore	10 deals Days	1534	The A	1.
male Colored "	NOLE MARRIED, IDOWED, DIVORCED (Sprify)	B. DATE OF BIRTH 1915	9. AGE (In years If Und last birthday) Month	or I Year if Under 24 Houss as Days Hours Min.
10A. USSAL OCCUPATION (Give kind of ock done furing plost of working life, even if retired)	Pira ODUSTRY	/11. BURTHPLACE (State or fo	reign couptry) 12	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Carte	en const.	14. MOTHER'S MAIDEN NA	A hite	rek
15. Was DECEASED EVER IN U.S. ARMED FORC (Yes, no or unknown) (If yes, give war or dates of servi	SECURITY NO.	12 MERMANT See	sley of	settr
18. 442X	CAUSE (OF DEATH	wi vi.	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying	//	externine Course	Pro - 10 110,	77744
heart failure, asthenia, etc. It means the cinjury or complication which caused	disease,	eure a	M. Holimannin	Marie
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIS		,	***************************************	
UNDERLYING CONDITION LAST.	(C)			
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RI				
TO THE DISEASE OR CONDITION CAUSI 19A. DATE OF OPERATION 19B. MA	NG IT. AJOR FINDINGS OF OPER			20. AUTOPSY?
21a. ACCIDENT WAS UNDER- 218	BLACE OF INJURY (5	and 21c WHERE DID. /I	f in Baltimore City, give	YES NO
	 PLACE OF INJURY (e. g., in home, farm, factory, atreet, office bldg., e 		in Baltimore City, give	e exact location)
fp. TIME (Month) (Day) (Year) (Hour)) 21E. INJURY OCCURRI WHILE AT NOT WHILE M. WORK AT WORK	21F. HOW DID INJURY	OCCUR?	
22. I hereby certify that I attended		.5 ,195 7to	, 19, <i>t</i>	hat I last saw the
deceased alive on 72, 5, 195	2 and that death occur	red at // /gm., from th	he causes and on the	date stated above.
Janes D.	CAIN M.D.	1427 Madeson	a Clark	17.8.52
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	32 Fines	CREMATORY 24D. LO	CATION (City, town, or	County) (State)
LOCAL REGISTRAR	NATURE	25. FUNERAL DIRECTOR	& Funers	DORESS Worme
DEC 8 - 1957 Tuntington VS 150	Villiams, Mys.	1631 Dr	will Wil	1 apre
V3 130	10 E 87A	200, 110	F7	- WILLIAM

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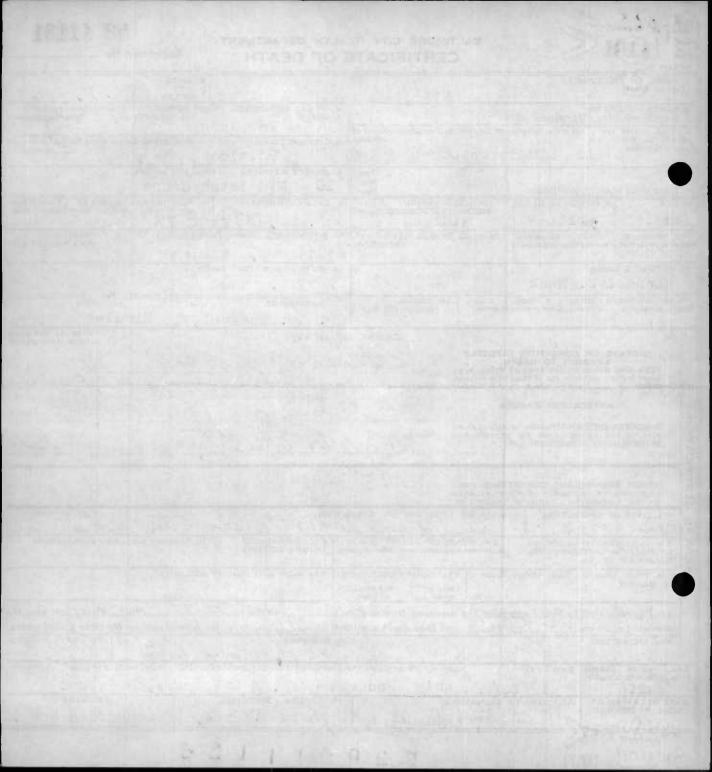


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Dr. Grdy
11/21
De TITIOI
DIDTH NO

VS 150

52 11131

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE ANNA KNEAVEL DEC. 7. 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Middleton Court 10 Baltimore D STREET ADDRESS (If rural, give location) Yrs. Mine Middleton Court c. Length of stay in Baltimore Days 5. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years last birthday) Months; Days Hours: Min. WIDOWED, DIVORCED (Specify) female white widowed Aug. 28, 181 IOA. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? at home Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Michael J. Ruck Mary E. Rudel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Middleton Court Mr. Wm. Kneavel INTERVAL BETWEEN 260X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION EDICA YES 21B. FLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc. 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-Y (e. g., in or LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from help 19 that I last saw the 1952, and that death occurred at deceased alive on m., from the causes and on the date stated above. 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24D. LOCATION (City, town, or county) Baltimore, Maryland Holy Redeemen Cen. Buria: DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Ruck, 5305 Harford Road. mertinglow



BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE FRANKLIN THOMAS BREYLEY OF Dec. 7, 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RUBAD and give INSTITUTION 3604 White Avenue township) Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos. 3604 White Avenue c. Length of stay in Baltimore Days 5 SFX 6. COLOR OR RACE 7. SINGLE, MARRIED B. DATE OF BIRTH 9. AGE (In years | If Under | Year | If Under 24 Hours last birthday) | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) male white Oct. 4, 1872 married 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? City Employee Cleveland, Ohio 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Gibson Thomas Breyley 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Mrs. Martha Breyley, 3604 White Ave -24-1872 18. 422.1 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL NO X YES 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH 10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 1950 to 22. I hereby certify that I attended the deceased from_ , 1952 that I last saw the deceased alive on be . 195 L, and that death occurred at 10 L.m., from the causes and on the date stated above, 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE NAME OF CEMETER 24D. LOCATION (City, town, or county) Burial Cleveland. DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR Ruck, 5305 Harford Road (O 100 0. VS 150

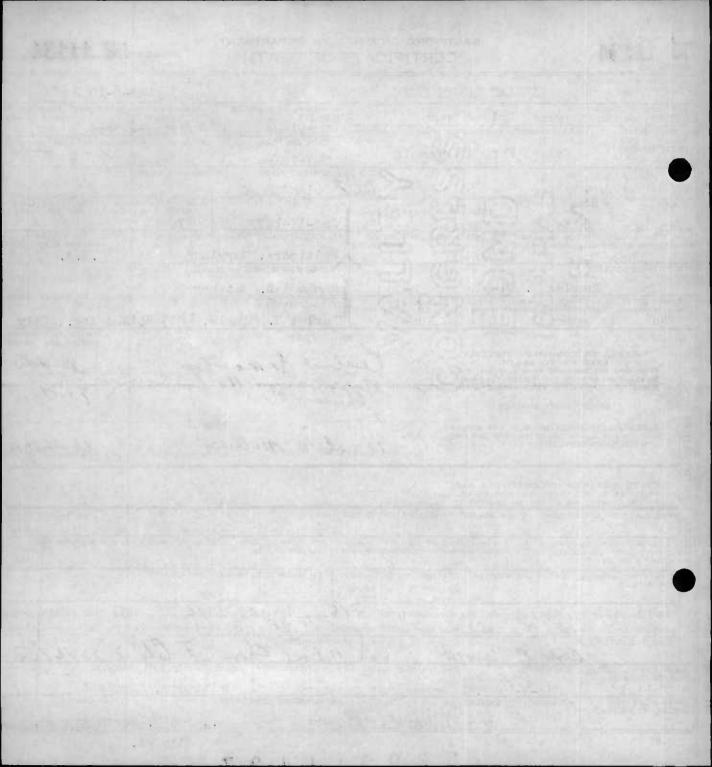
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BALTIMORE CITY HEALTH DEPARTMENT

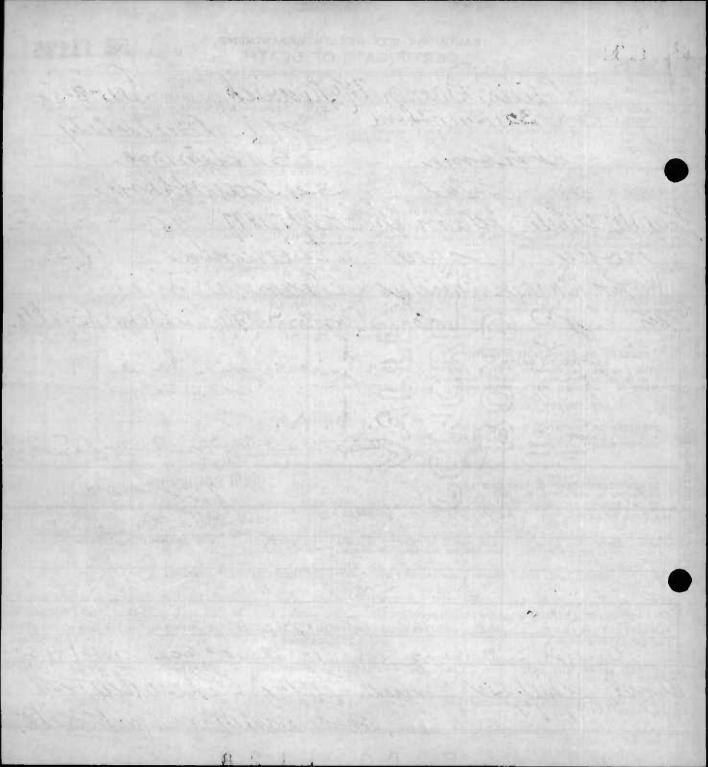
DC TIII	CERTIFICATI	F OF DEATH	Registered N	0
BIRTH NO.	OERTH TOTAL			
1. NAME OF DECEASED (Type or Print) Ben jar	min E. Edwards		2. DATE OF DEATH DEC	5, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		A. STATE	E (Where deceased lived, If i	nstitution ; residence before admission)
B. FULL NAME OF (If not in hospital or ins	titution, give street address or	Mary	land	~/
HOSPITAL OR INSTITUTION 4600 FILE	location)		(If outside corporate limits	write RUITAL and give
4609 Elsro	ode Avenue	Balt	timore	- (township)
	Yrs.	D. STREET ADDRESS	(If rural, give location)	
c. Length of stay in Baltimore	Mos. Days	4609 Elsr	rode Avenue	
	NGLE, MARRIED, DOWED, DIVORCED (Specify)	8. DATE OF BIRTH		Under I Year If Under 24 Hours nths Days Hours Min.
	vidowed	June 18, 18		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	CIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	sman, Ret.		Co, Maryland	WHAT COUNTY
13. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME	
George W. Edwards		Jane R. Kir	by	
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	AC	DDRESS
	212-12-9563	A Mrs. Howa	ard W. Morrisc	on. same
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the dinjury or complication which caused of ANTECEDENT CAUSES OF CONDITIONS, IF ANY, OR RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REDUCED TO THE DISEASE OR CONDITION CAUSING TO THE DISEASE OR CONDITION CAUSING	(B)	RONARY	Ocolersio	20 Minus
, 19A. DATE OF OPERATION 19B. MA	JOR FINDINGS OF OPER	RATION	•	20. AUTOPSY?
AL				YES NO
U 21a. ACCIDENT WAS UNDER. 21B. LYING OR CONTRIBUTING about 1 CAUSE OF DEATH	PLACE OF INJURY (e. g., i. come, farm, factory, street, office bldg.,	or 21c. WHERE DID (tc.) INJURY OCCUR?	(If in Baltimore City, g	rive exact location)
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID IN	JURY OCCUR?	
OF INJURY	m. WHILE AT NOT WHILE		1-1	
		1949 19 10	12/2/52 10	., . , , , , , , , , , , , , , , , , ,
22. I hereby certify that I attended			0/1/3/2, 19	, that I last saw the
	and that death occur		om the causes and on th	
Walle E. Har	fgin M.D.	4331 Hay	ford All	12/6/5-V
24A. BURIAL, CREMA- TION, REMOVAL (Specify)		RY OR CREMATORY 2	4D. LOCATION (City, town,	or county) (State)
Burial 12/9/52	Loudon Pa	nle Rom	Baltimore,	Maryland
DATE RECEIVED BY REGISTRAR'S SIGN		nk dem		ADDRESS
LOCAL REGISTRAR	W11: 400	XXVIICK		nford Pood

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered 2 11134

BIRTH NO.			OLIVIN TOTAL	L OI DEMINI		
1. NAME OF (Type or Print)	DECEASED LI LLI	AN AN	TOINETTE SEE	MAN	2. DATE OF DEATH Dec-	6-1952
3. PLACE OF I A. Baltimore B. FULL NAME HOSPITAL OR INSTITUTION	City, Maryland U	l or instituti	on, give street address or location)	Maryland	E (Where deceased lived, I B. COUNTY Baltimore (If outside corporate lim	f institution : residence before admission)
	stay in Baltimore	Li	Days	D. STREET ADDRESS Upland Road	(If rural, give location)	
Female	6.COLOR OR RACE	WIDOW		Jan-13-1877	last birthday) M	If Under 1 Year If Under 24 Hours Onths Days Hours Min.
work done during most		Non	OF BUSINESS OR INDUSTRY	Baltimore, Ma	ryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S	Charles W. S	Slagle		Rachael A. Ma		
15. WAS DECEAS (Yes, no or unknown NO	SED EVER IN U.S. ARMED (If yes, give war or dates None	FORCES?	16. SOCIAL SECURITY NO. None	17. INFORMANT		ADDRESS
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) (A) (B) DUE TO ANTECEDENT CAUSES (B) (C)				perturing . A	ilus	2 yrd.
OTHER TRIBUTIN	II SIGNIFICANT CONDIT G TO THE DEATH, BUT N DISEASE OR CONDITION OF OPERATION 15	NOT RELATE CAUSING I	D			
	OF OPERATION TE	B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
	DENT WAS UNDER- DR CONTRIBUTING DEATH		CE OF INJURY (e. g., i arm, factory, street, office bldg.,		(If in Baltimore City,	give exact location)
21D. TIME OF INJURY	(Month) (Day) (Year)		VHILE AT WORK NOT WHILE AT WORK		JURY OCCUR?	
deceased of 23A. SIGNA 24A. BURIAL. TION, REMOVAL (Burial DATE RECEIV. LOCAL REGIS	CREMA- Specify Dec-9-1 ED BY REGISTRAR'S	Jarre 1952.	and that death occur M.D. 24c. NAME OF CEMETE Greenmount Co	emetery 25. FUNERAL DIRECT	Baltimore, Mar	the date stated above. 23c. DATE SIGNED 2
VS 150	1002	1 5%	5 2 0 0		City #1.	
					17	



BALTIMORE CITY HEALTH DEPARTMENT Registered 11135 CERTIFICATE OF DEATH 1. NAME OF DECEASED DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR location) limits, write BURAL and rive INSTITUTION Yrs. Mos c. Length of stay in Baltimore Days LE. MARRIED 6. COLOR ON RACE WIDOWED, DIVORCED (Seeify last birthday) Months: Days Hours Min. 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (State 12. CITIZEN OF INDUSTR WHAT COUNTRY 14. MOTHER'S MAID AS DECEASED EVER IN U.S. ARMED FORCES? or unknown) (If yes, give war or dates of service) INTERVAL RETWEEN 18. CAUSE OF DEATH 12010 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. GERTIFICATION APPROVED OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CHIEF QU (If in Baltinole (Change) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from. ___, 19___, that I last saw the 19____, to_ 1952 and that death occurred at 1245 An., from the causes and on the date stated above. deceased alive on 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 244. BURIAL REMA-TION REMOVAL (Specify) DATE RECEIVED BY S SIGNATURE ERAL DIRECTOR REGISTRAR LOCAL REGISTRAR VS 150



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 11136 Registered No.

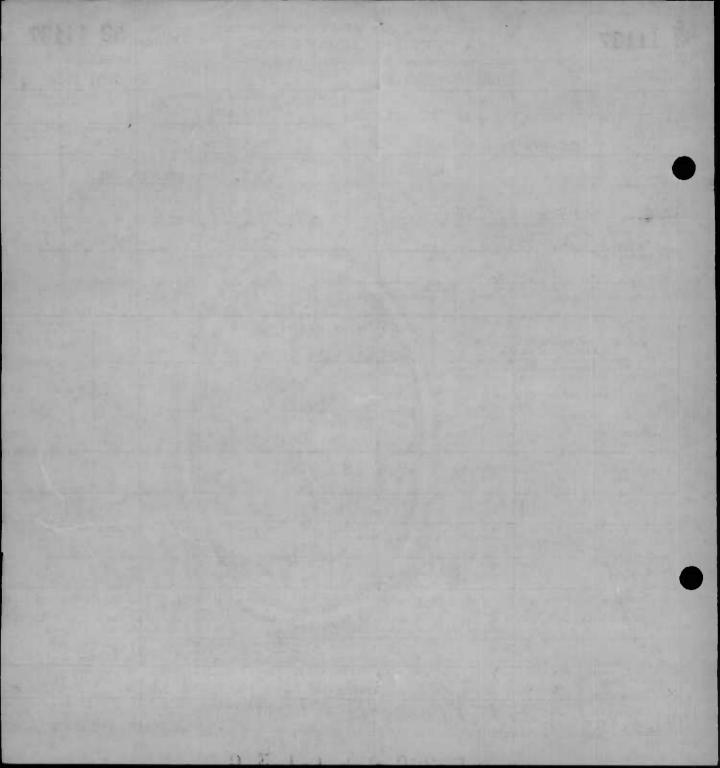
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) NELLIE	M. MARSH	2. DATE OF Dec. 7, 1952			
s. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or in HOSPITAL OR INSTITUTION Southern Home & 2520 Greenmount	Hospital location)	A. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission) Md. none C. CITY OR TOWN (If outside corporate limits, write Rule AL and give township)			
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) Southern Home & Hospital			
5. SEX 6. COLOR OR RACE 7. S.	INGLE, MARRIED, IDOWED, DIVORCED (Specify) ridowed	8. DATE OF BIRTH 9. AGE (In years if Under I Year Months Days Hours Min. 83 May 10, 1869			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? U. S.			
13. FATHER'S NAME W. J. Wilson		14. MOTHER'S MAIDEN NAME Elizabeth Ryan			
15. WAS DECEASED EVER IN U. S. ARMED FORC (Yes, no or nnknown) (If yes, give war or dates of serv	CECULDITY NO	Mrs. Falkner, Southern Home & Hospital			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, in jury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
, 19A. DATE OF OPERATION / 19B. M.		ATION 20. AUTOPSY?			
LYING OR CONTRIBUTING about	B. PLACE OF INJURY (e. g., in t home, farm, factory, street, office bldg., e				
21D. TIME (Month) (Day) (Year) (Hour	T) 21E. INJURY OCCURRI WHILE AT NOT WHILE AT WORK				
22. I hereby certify that I attended deceased alive on 19.	d the deceased from Oc Se, and that death occur	795 to Ween 195 that I last saw the red at 8 m., from the causes and on the date stated above. 33B. ADDRESS Medical Arts Building 12 - 8 - 52			
24a. BURIAL, CREMA- TION, REMOVAL (Specify) Buria 1 12 - 10 - 5	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State) Baltimore. Md.			
DATE RECEIVED BY REGISTRAR'S SIG	- Min.	ohn O. Mitchell & Sons, Inc 1900 Eutaw Plac			
VS 150	1 9 5 2 Q	0 1 1 1 2 2			

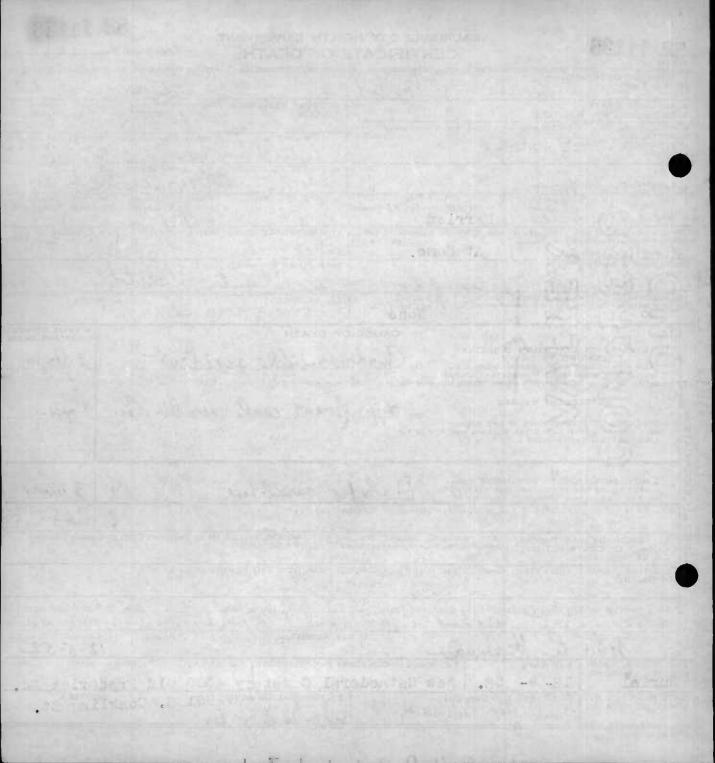
52 11137 correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered \$2 11137

211	TIT NO.						
1. (T)	NAME OF DECEASED ope or Print)	AARON	LEWIS		2. DATE OF DEATH	Dec. 6,	
	PLACE OF DEATH: Baltimore City, Marylan	nd		4. USUAL RESIDER	NCE (Where deceased	l lived, If instit JNTY	ution : residence before admission)
В. І			tion, give street address or location)	c. CITY OR TOWN	/land	Patic Aimits, wri	it RURAL and give
	STITUTION	ersity Hosp	ital	1	timore	50	township)
	Vertical transfer and the second		/ Yrs.	D. STREET ADDRES	SS (If rural, give lo	cation)	
-	Length of stay in Baltim		Oyns Mos.		S. Schroeder		1 Mary C M Harder Od Harry
5.	SEX 6.COLOR OR	WIDOV	E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In last birt)	years if Under	Year If Under 24 Hours Days Hours Min.
	Male Colored		OF BUSINESS OR	11. BIRTHPLACE (St	ate or foreign country	1) 12.	CITIZEN OF
	done during most of working life even i		INDUSTRY	19 km	or testo		WHAT COUNTRY?
13	FATHER'S NAME	7		14. MOTHER'S MAI	DEN NAME	, , , , , ,	
_	Mon Le	ewis		Alice X	ewis		pi
	. WAS DECEASED EVER IN U, S, no or unknowo) (If yes, give wa	ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	21.	ADDR	ESS
				Ocotrel L	· dews- 2	2334 1	insterior
	18. 2 9.2.6			OF DEATH			ONSET AND DEATH
	DISEASE OR COND LEADING TO (This does not mean the	DEATH		cell anemia		CHILL)	
	heart failure, asthenia, etc	. It means the disea	se,			••••••	***************************************
	ANTECEDENT			100			270
z	DISEASES OR CONDITI		(B)			••••••	•••••
TION	RISE TO THE ABOVE CAU UNDERLYING CONDIT	SE (A) STATING T	HE OUE TO				
CA			(C)				
RTIFICA	OTHER SIGNIFICANT						
[1]	TRIBUTING TO THE GEAT TO THE GISEASE OR COM	NOITION CAUSING	т				
C	19A. DATE OF OPERATION	198. MAJOR	FINDINGS OF OPER	RATION			YES NO
CA	21A. EXTERNAL CAUSE W	1.10	ACE OF INJURY (e. g., i		D (If in Baltimo	re City, give	exact location)
EDI	UNDERLYING OR CON UTING CAUSE OF D	411110.					
2	210. TIME (Month) (Day) OF INJURY	(Year) (Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE		INJURY OCCUR?		14
	00 7	m. [WORK AT WORK		autopsy	± 7.	and form
	22. I certify that I too			A	utopsy. Inspection or	Inquiry	nereon and from
	and death in my of	sea by said Aut sinion resulted	opsy, Inspection or I from: natural cause	inquiry, fina that is X , accident \square , s	suia aec eased are cuicide [], homici	$de \square$, unde	termined .
	234. SGNATURE	not -		23B. CHIEF MEI	DICAL EXAMINER DICAL EXAMINER	23c. D.	ATE SIGNED
24	A. BURIAL, CREMA: 24B. I	ATE	24C. NAME OF CEMETE		240. LOCATION (C		ounty) (State)
-	Bural 12	-9-52		run Elm	4	Sulte	May
	TE RECEIVED BY REGISTRAR	TRAR'S SIGNAT	Williams, My	25. FUNERAL DIRE	CTOR	DO. AD	DRESS
V	S 151	0	20100	10 11 de	BO	This	

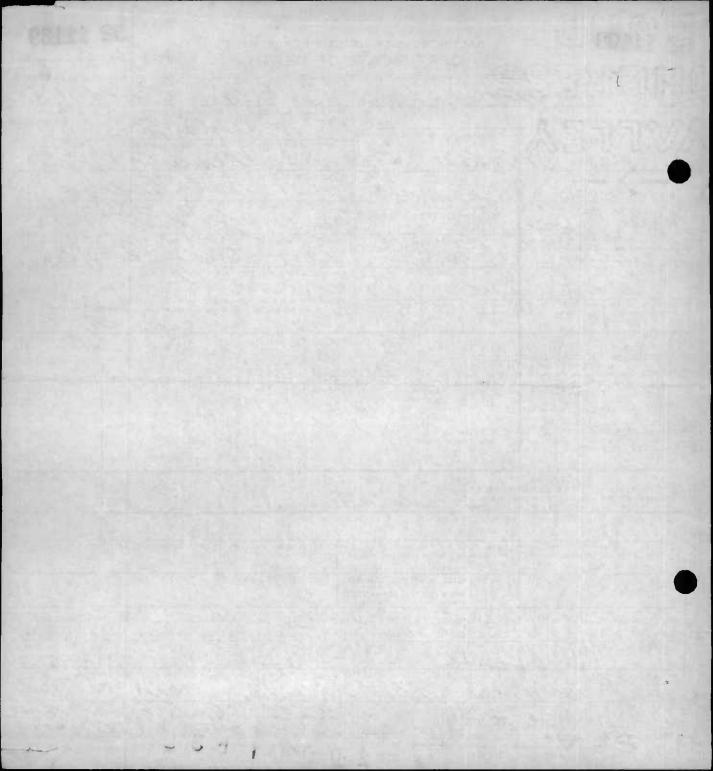




BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 11139
Registered No._____

BIRTH NO.	
1. NAME OF DECEASED John Chaham	Butler DEATH See. 1, 1952
a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location	
INSTITUTION 121 Dalphin St.	Sattimuse 17-0 tompship)
Yrs. Mos.	D. STREET ADDRESS (If rural Ove location)
c. Length of stay in Baltimore Separate Days 5.61X 6.CQLOR OR RACE 7. SINGLE, MARRIED.	8 DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours
male Colorel WIDOWED DIVORCED (Specify	Max 3. 1818 (Ast birthday) Months Days Hours Min.
10A, USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR work in during range of working life, oven if retired)	11LBHTHPLACE (State or foreign country) 12. CITIZEN OF
Cultodian M. M. C. W.	horristown, Pa. W.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Thank to the
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	721 Dagelin II.
18. 422.1 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1.4
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	pearaus
injury or complication which caused death.) DUE TO ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	clerosis
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER 218. PLACE OF INJURY (e.g.,	in or 21C. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg	,etc.) INJURY OCCUR?
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR!	
m. WHILE AT NOT WHILE AT WORK AT WORK	
deceased alive on 2 - (5, 1952, and that death occurrence)	
	erred at / A.m., from the causes and on the date stated above. 23B. ADDRESS 23C. DATE SIGNED
CR. amfaell M.D.	718 Dolphin 8k 12-8-52
TION, REMOVAL (Specify)	EFY OR CHEMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY I REGISTRAR'S SIGNATURE	25. EUMERAL DIRECTOR
DFC 9- 1000 Huntington Williams N.J.	The sound Still and
VS 150	2007
TO ?	X0 0 1 1 1



52 11140 Registered No. BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 2. DATE NAME OF DECEASED OF B. Williams (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH B. COUNTY hefore admission) A. STATE A. Baltimore City, Maryland (If not in bospital or institution, give street address or MARYLAND B. FULL NAME OF (If outside corporate limits, write RURAL and give HOSPITAL OR location) C. CITY OR TOWN township) INSTITUTION 400 WFranklin SY, RALTIMORE (If rural, give location) D. STREET ADDRESS Yrs. and legibly Mos. 331 W. LANVALE ST. 35 YRS c. Length of stay in Baltimore Days 9. AGE (In years | Monder 1 Year | Monder 24 Hours last birthday) Months: Days Hours: Min. If Under 24 Hours 8. DATE OF BIRTH 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 3/17/1885 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10B. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of clearly WHAT COUNTRY INDUSTRY work done during most of working life, even if retired) SALESMAN REATTEV GIIPPI TES 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME death 16. SOCIAL 15. WAS DECEASED EVER IN U. S. ARMED FORCES 17. INFORMANT **ADDRESS** (If yes, give war or dates of service) SECURITY NO. (Yes, no or unknown) GPUPM(D) 121 WITLOW YES -72-068 INTERVAL BETWEEN CAUSE OF DEATH 18. F ONSET AND DEATH due to DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION Wimo City give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. about home, farm, factory, street, office bldg., etc.) 1300 W. Mraek INJURY PECUR? 20 HOW DID 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY, NOT WHILE LKSPECTION thereon and from 22. I certify that I took charge of the remains described above, held an _ Autops Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [, accident [, suicide], homicide [, undetermined []. 23c. DATE SIGNED 23B. CHIEF MEDICAL EXAMINER. ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR LOCATION (City, town, or county) CREMA-24B. DATE ADDRESS RECEIVED BY QCAL REGISTRAR

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Physicians:

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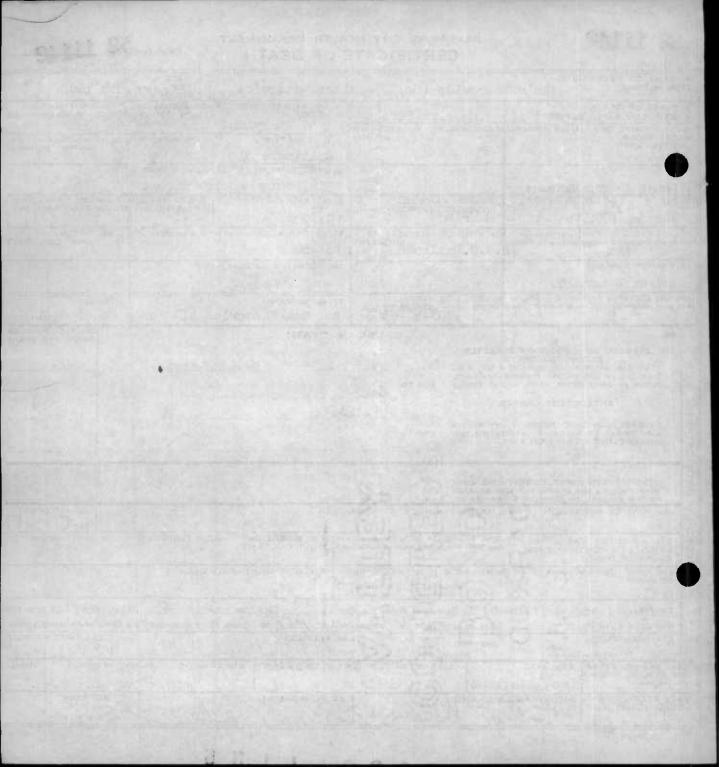
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age

BALTIMORE CITY HEALTH DEPARTMENT

Registered Ro. 11110

CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Dec,8th 1952 Casimir Wancowicz (Or) Kazimierz Wancowicz 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland 315 S. Madeira Street A. STATE Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION At Home township) Baltimore 31 D. STREET ADDRESS (If rural, give location) Yrs. 315 South Madeira Street c. Length of stay in Baltimore Days AGE (In years | If Under I Year | II Under 24 Hours | last birthday) | Months | Days | Hours | Min. 7. SINGLE, MARRIED.
WIDOWED DIVORCED (Specify) 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 9. AGE (In years) Dec.18-1881 Male. White Married 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR B.&.O.Railroad work done during most of working life, even if retired) WHAT COUNTRY? Poland Tallymen 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anna Juna itys Andrew Wancowicz 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 05-09-6383 Apolonia Wancowicz 315 South Madeira St. INTERVAL BETWEEN 422,1 and CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED CE TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION YES 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-EDI about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE 22. I hereby certify that I attended the deceased from Mar. 30, 194/ to Dec. 5 _, 1952, that I last saw the deceased alive on The. 5, 1952, and that death occurred at 1115 Am., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 408 5.0 allerson 24C. NAME OF CEMETERY THE CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION REMOVAL (Specify) Dec, 11th, 1952 St. Stanislaus 1300 Dundalk Ave Balto.Md. ADDRESS REGISTRAR'S SIGNATURE, 25. FUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR untinglow VS 150



2.00				
52 11143 BIRTH NO.	BALTIMORE CITY HE		Registered	2 _{No.} 11143
1. NAME OF DECEASED (Type or Print)	re & Deak		2. DATE OF	12-7-52
3. PLACE OF DEATH: A. Baltimore City, Maryland	of Owne	4. USUAL RESIDENCE (W	here deceased lived, B. COUNTY	If institution: residence before admission)
B. FULL NAME OF (If not in hospital or HOSPITAL OR INSTITUTION)	institution, give street address or location)		outside corporate lin	nits, write RURAL and give
97: Aguls	Avahlar Life Yrs.		rural, give location)	/ b 3 township)
c. Length of stay in Baltimore	Mos. Days	Winona Apts 700	Park Ave	
male white	SINGLE, MARRIED, VIDOWED, DIVORCED (Specify) Single	Oct. 21, 1896	9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hours Months Days Hours Min.
rork done during most of working life, even if retired)	kind of Business or INDUSTRY avis Paint Co	11. BIRTHPLACE (State or for Baltimore, Ma		12. CITIZEN OF WHAT COUNTRYS
13. FATHER'S NAME John H. Deck	(29)	14. MOTHER'S MAIDEN NA Katherine F		
15. WAS DECEASED EVER IN U. S. ARMED FOR Yes, no or unknown) (If yes, give war or dates of ser	vice) SECURITY NO.	17. INFORMANT SS Helen R. Deck	700 Park A	ADDRESS
DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dyineart failure, asthenia, etc. It means the injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STATUNDERLYING CONDITION LAST.	ng, e. g., (A)	tracerebral le ebral Arteri erbonshire Ci	morhage oschool	
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU	RELATED			
19a. DATE OF OPERATION 19B. M	IAJOR FINDINGS OF OPERA	ATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about	B. PLACE OF INJURY (e. g., in thome, farm, factory, street, office bldg., et	or 21C. WHERE DID (If	in Baltimore City,	give exact location)
21D. TIME (Month) (Day) (Year) (Hou	r) 21e. INJURY OCCURRE while at not while at work at work	2 IF. HOW DID INJURY	OCCUR?	
22. I hereby certify that I attended deceased alive on 12-7, 19. 23A. SIGNATURE 24A. BURIAL. CREMA: 24B. DATE	52, and that death occur	red at 1120/m. from the	e causes, and on	23c. DATE SIGNED
Burial 12/11/52	Cathedral	Cemetery B	altimore, 1	
DATE RECEIVED BY LOCAL REGISTRAR'S SIG	on Will	4 IV. Wear & So.	w ,805 h.	Calvert St
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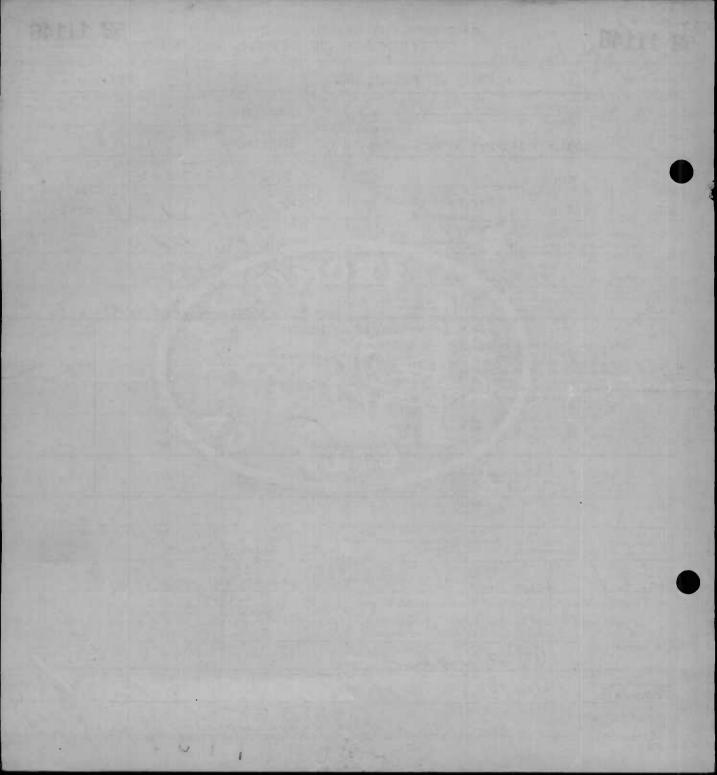
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death

See letter in domment file from Dr. Mr. V. Lovith, Jr., Anst. Nedical Econiner

12-6-3-21 Segrald Hus It Union Stonesselle gent granes When the de la surent Total Straight

5	2 11146 11146	15-682	LTIMORE CITY HE	ALTH DEPARTMENT E OF DEATH	Registered No.	11146	
	NAME OF DECEASED Type or Print)	FRAN	(J. JORDAN, JE	₹.	of Dec.	8, 1952	
A	. PLACE OF DEATH: . Baltimore City, Mar . FULL NAME OF (If)		tion, give street address or	4. USUAL RESIDENCE (W	here deceased lived. If ins B. COUNTY	titution: residence before admission)	
H	OSPITAL OR	th Baltimore (location)	c. CITY OR TOWN (If a Baltimore	outside eorporate limits, v	vrite RURAL and give township)	
	Length of stay in Ba	ltimore	Yrs. Mos. Days	D. STREET ADDRESS (If r 1014 Ridge)			
5	.sex 6.Color Whi	WIDQY	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years) If the last birthday) Month	ler I Year If Under 24 Hours Ilours Min.	
	DA. USUAL OCCUPATION k done during most of working life,	(Give kind of even if retired)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		WHAT COUNTRY	
1	Frank V.	Torday o	Ex.	14. MOTHER'S MAIDEN NA			
1 (Y	S. WAS DECEASED EVER IN		16. SOCIAL SECURITY NO.	Trank J. Jorda	()	RESS	
	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Lobar pneumonia						
FICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)						
ERTIFI	TRIBUTING TO THE D	II NT CONDITIONS CO EATH, BUT NOT RELAT CONDITION CAUSING	al hemorrhage				
AL C	19A. DATE OF OPERAT	TION 198. MAJOR	ATION		20. AUTOPSY?		
EDIC/	21A. EXTERNAL CAUS UNDERLYING [] OR UTING [X] CAUSE OF	CONTEIB. about home,	ACE OF INJURY (e. g., in farm, factory, etreet, office bldg., et home	or 21c. WHERE DID (If a.) INJURY OCCUR?	in Baltimore City, give	e exact location)	
X	21D. TIME (Month) (I OF INJURY Dec. 8, 1952	מ סד. זמ	21E. INJURY OCCURRE WHILE AT NOT WHILE AT WORK				
	22. I certify that I took charge of the remains described above, held an autopsy the the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day and death in my opinion resulted from: natural causes a ceident . suicide homicide undete						
2		18. DATE	M. 24c. NAME OF CEMETER		CATION (City, town, or	e. 8, 1952 eounty) (State)	
-	ON BENOVAL (Specify) SUMAAL ATE RECEIVED BY RE	2/10/52	Bal	25. FUNERAL DIRECTOR	Bulto.	MA -	
	OCAL REGISTRAR	I introgetor !	Velliaus Mys	Will Gok Juc,	1217 St. Par	el J.	
11 V	S 151 N 854	. 2		00111	Q '	V	



52 11147

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF PAUL S. PROSSER DEATH December 8, 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give Mount Nursing Home township) 3706 Nortonia Road Baltimore D. STREET ADDRESS (If rural, give location) Vre Mos. 1714 Guilford Avenue c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE ! 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years | I Under I Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Sept. 17, 1881 male 10A. USUAL OCCUPATION (Givekladof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Penna. R. R. Co. Trainman New Freedom, Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Artemis Prosser Mary E. Wilhelm 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS St. Petersburg Florida (Yes, no or unknown) 7-07-81/10 Jennie Ridout, 233 7th Ave. 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mcde of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES X 21A. ACCIDENT WAS UNDER-21B, PLACE OF INJURY (e. g., in or) 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21b. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! AT WORK De De . 1952 that I last saw the . 1950 to_

REGISTRAR'S SIGNATURE

22. I hereby certify that I attended the deceased from.

deceased alive on Local 5, 1952 and that death occurred at 7: 30 9m., from the causes and on the date stated above. 23A. SIGNATURE

23B. ADDRES6

1901 24B. DATE 24C. NAME of CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 12/10/52

New Freedom Cemetery 25. FUNERAL DIRECTOR

New Freedom.

Pennsylvania

LOCAL REGISTRAR

1217 St. Paul Street

VS 150

24A, BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

burial

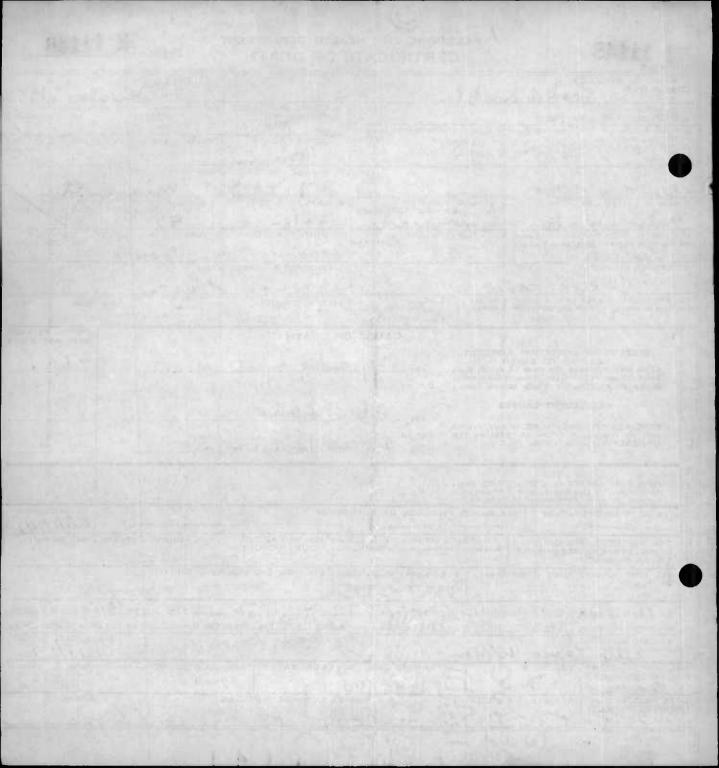
BALTIMORE CITY HEALTH DEPARTMENT 52 1 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Canl A. Ka DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; re 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write KURAL and give INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days AGE (In years If Under I Year If Under 24 Hours last birthday) Months! Days Hours! Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) -18-05 munner 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, oven if retired) INDUSTRY WHAT COUNTRY? BARTENDER LYNOHURST, NEW VERSEY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CHARLES KAHLE CATHERINE 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes. no or nnknown) SECURITY NO. TOUNE HOPKINS HOSPITA No 135-18-5070 NTERVAL BETWEEN 18. 420.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY . 19 52 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 12-5 1952, and that death occurred at Im., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) MIAMI REMOVAL DATE RECEIVED BY 25 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE VS 150

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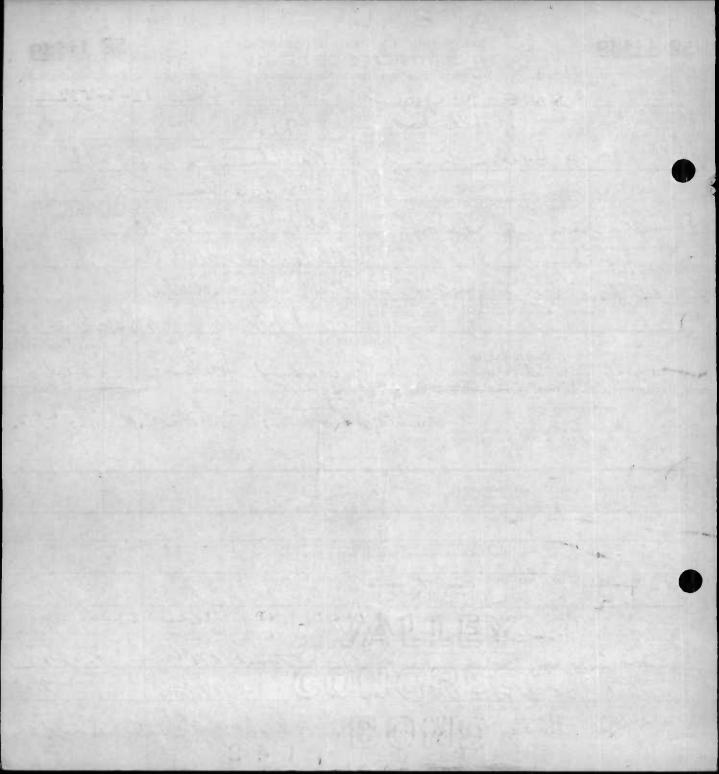
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY, OR TOW INSTITUTION (If rural, give location Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years If Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) do OA. USUAL OCCUPATION Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 6. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 443X INTERVAL BETWEEN CAUSE OF DEAT ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) CERTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY? 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER 218. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT m. WORK AT WOR _. 19(D to_ Vec 6, 19 7 that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on 12-6 p.m., from the causes and on the date stated above. __ 19 __ and that death occurred at_ 23A. SIGNATURE 238. ADDRES 23c. DATE SIGNED 24c. NAME OF CEMETERY OR CREMATORY 24 BURIAL CREMA (State) 2AB. DATE 24D LOCATION (City, town, or county) TION REMOVAL (Spenffy REGISTRAR'S SIGNATURE DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAF VS 150



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Physicians: please

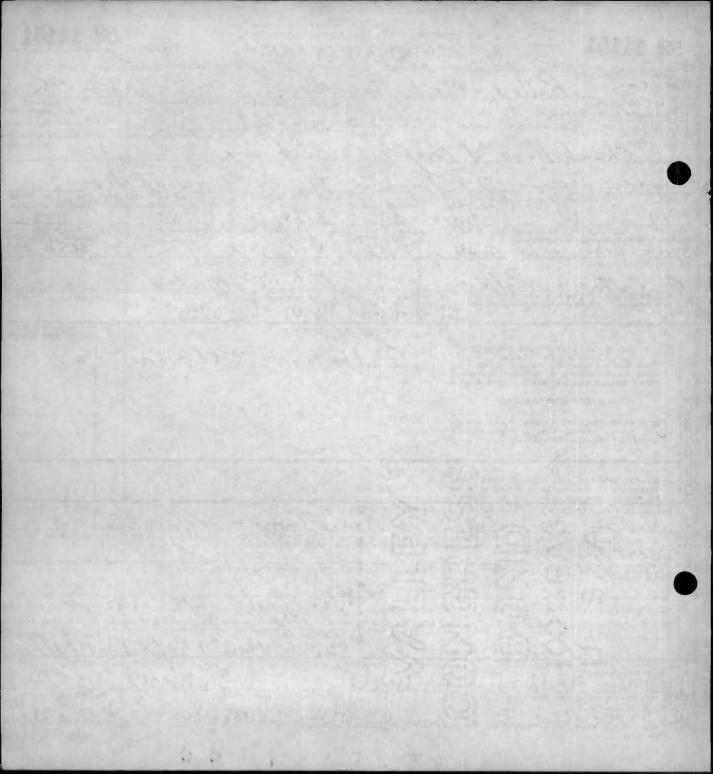
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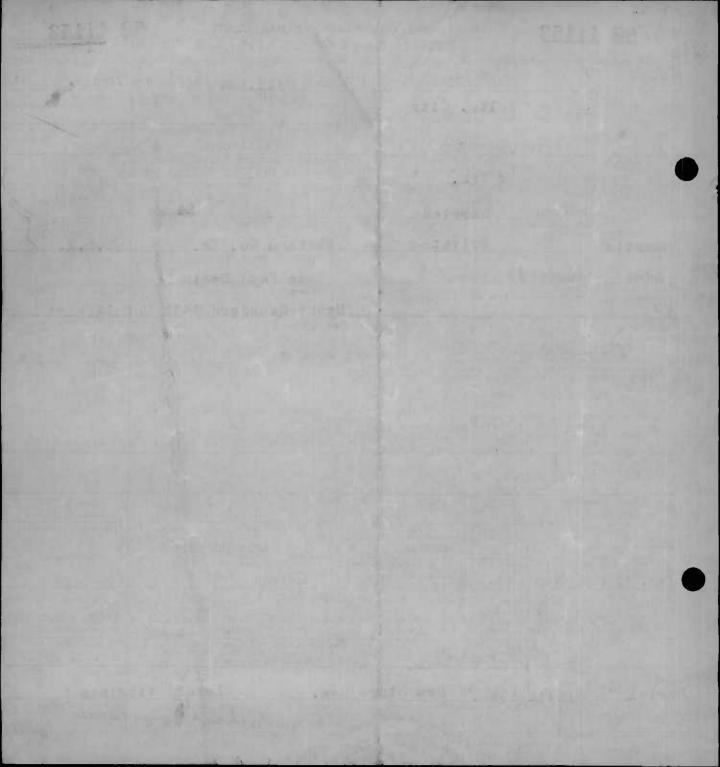
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4	00				
BIF	0 11151		EALTH DEPARTMENT E OF DEATH	Registered No	2 11151
	NAME OF DECEASED Rolley Mr. Lu	ther	Brent	2. DATE OF DEATH DRC	8 1952
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (V		stitution: residence before admission)
HO	FULL NAME OF (If not in hospital or institution, give street SPITAL OR STITUTION	address or location)	c, CITY OR TOWN (If	outside corporate limits,	write RURAL and give township)
	Church Home & / tosp.	Yrs.	Beltimore D. STREET ADDRESS (If	rural, give location)	township)
C.	Length of stay in Baltimore 29 Vec-	Mos.		inwood A	ve
5. :	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCE	D (Specify)	8. DATE OF BIRTH		hs Days Hours Min.
	. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINES	SS OR NDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	2. CITIZEN OF WHAT COUNTRY?
17	FATHER'S NAME	0	14. MOTHER'S MAIDEN N	AME	USH
1	1. Luther L. Rolley	10(19)	Estelle 1	lister	
15. (Yes,	WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL mo or unknown) (If you, give war or dates of service)		17. INFORMANT RECO	ROS	DRESS
		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	7/: h	Instora Mul	2+. frme	5 Mathe
	(This does not mean the mode of dying, e.g., (A) (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	.,	f		
	ANTECEDENT CAUSES				
NO.	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	*****************	•••••••••••••••••••••••••••••••••••••••		
RTIFICATION	UNDERLYING CONDITION LAST.	••••			
트					62444
CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
اد	19A. DATE OF OPERATION 19B. MAJOR FINDINGS	0.	T	:1/-00	20. AUTOPSY?
EDICA	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street CAUSE OF DEATH	RY (e. g., i	n or 21c. WHERE DID (If in/Baltimore City, gi	YES NO NO Ve exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY	OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	OF INJURY m. WHILE AT WORK	NOT WHILE		10	
	22. I hereby certify that I attended the deceased fr	om	1/20 1912, to	12/8 , 1912	that I last saw the
	deceased alive on 14/8, 1932, and that deceased silve on 14/8, and the 14	2	3B. ADDRESS	and the	23c, DATE SIGNED
24	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF	M. D.	RY OR CREMATORY 24D. L	OCATION (City, town, o	r county) (State)
TIC	N. REMOVAL (Specify) 12-12 -1952 BALTI	MORE	- B	ALTIMORE	MD
D'S	TE RECEIVED BY REGISTRAR'S SIGNATURE	M.P.	H.W. JENKINS	Sons Co.4	905 YORKRE
	VS 150	900	30111	1 4	
	1 9 5	die fil			



Registered No. 11153 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE AUGUSTINE DEATH Dec. 5, 1952 SAUNDERS Williams/ 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland Balto. City A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF f not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Provident Hospital Baltimore legibly. Yrs. O. STREET ADDRESS (If rural, give location) Mos. 1113 Division Street Length of stav in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) If Voder 1 Year if Under 24 Hours last birthday) Months: Days Hours Min. Female Colored Married 10A. USUAL OCCUPATION (Give kind of clearly 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, oven if retired) INDUSTRY WHAT COUNTRY Private Domestic Buckham Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Adam Saunders Ada Bell Denis 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17 INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO of Henry Saunders 1411 McCulloh St INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Gunshot wound of chest (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, write injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUF TO Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT Iil 19B. MAJOR FINDINGS OF OPERATION 19A, DATE OF OPERATION 20. AUTOPSY7 21B. PLACE OF INJURY (e. g., in or about bome, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING M OR CONTRIB-INJURY OCCUR? 1113 Division Street UTING E CAUSE OF DEATH home 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJUBY Dec. 1952 (found) Firearms especial autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 13 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER...... 23c. DATE SIGNED age ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY! 24D. LOCATION (City, town, or county) correct New Store Burial Cem. DATE RECEIVED BY LOCAL REGISTRAR



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	-	RTH NO.				CERTIFICAT	E OF DEATH	Registered No.		
1		NAME OF print)		and the same	3. mil	ler		2. DATE OF DEATH 13-5	52	
		3. PLACE OF DEATH: A. Baltimore City, Maryland					4. USUAL RESIDENCE (\)		titution : residence before admission) :	
	HC	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)						outside corporate limits, v	vrite RURAL and give	
.	114	Provident Hospital						D. STREET ADDRESS (If rural, give location)		
1001	c.	Length of	stay ii	n Baltimore	OPP	Yrs. Mos. Days	1 (11)	Sign St	reet.	
		SEX		LOR OR RAC		E. MARRIED. /ED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If Unday) Month	ler l Year lift Under 24 Hours has Days Hours Min.	
2					of IOB. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country) 12	2. CITIZEN OF	
Trong I	N	nmuni	tio	ng life, even if regire		INDUSTRY	newport	news val	WHAT COUNTRY?	
Carit	13	FATHER'S	2		In		14. MOTHER'S MAIDEN N	AME		
10	15 Yes	. WAS DECEA	SED EVE	R IN U.S. ARM yes, give war or da	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS	
COCY	1					SECONTT NO.				
Car		18. 3 3	/X	CONDITION	DIRECTLY	CAUSE	OF DEATH	b)	INTERVAL BETWEEN ONSET AND DEATH	
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MITA	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO									
and	ANTECEDENT CAUSES (B)							***************************************		
. buc	ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.								
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-	U	TO THE		ERATION		FINDINGS OF OPER			20. AUTOPSY?	
Carity	EDICAL	21A. ACCIE			21B. PLA	ACE OF INJURY (e.g., i		If in Baltimore City, give	YES NO E exact location)	
	MED	HOMICIDE		ecify)	about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCUR?			
2		OF INJURY		n) (Day) (Yea		21E. INJURY OCCURR WHILE AT NOT WHILE		Y OCCUR?		
peciar		22. I here	by cer	tify that I a	ttended the	deceased from	- 5 · 12 , 19 , to	//. 5- 195-	that I last saw the	
3		deceased	alive o	n_//·5".	7, 19572,	and that death occur	rred at 3 2 m., from t	the causes and on the	date stated above.	
20 10		00	eng	lad Ou	James	M. D.	2309 Amel	- Here Die	12.9.52	
1 480	24 TIC	A. BURIAL.	CREMA (Specify	24B. DATE	150	24C. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town, or	county) (State)	
201100	D/ LC	TE RECEIVE	ED BY	REGISTRA	R'S SIGNATIL	IRE	25 FUNERAL DIRECTOR	A A	DDRESS	
1	199	EP C	OTO	Hunch	ugton /	Vallacus, My.	Toural &	Brun Der	<u> </u>	
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12/9/52 askedies Monde of Balte landy Burnel Leinah Limm . Lin 1086 Michigan 30

DUPLICATE. 52 11155 BALTIMORE CITY HEALTH DEPARTMENT Registered No ._ BIRTH NO. E.W. 165378 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF Diana Doughty 12-4-52 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) Baltimore City Hospital C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 4940 Eastern Avenue D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 108 West Cross Street Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (in years If Under I Year If Under 24 Hours last birthday) Months Days Hours Min. If Under 24 Hours Negro Female Widowed 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? South Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Gibson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) SECURITY NO. 443X CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., 5 days (A) Bronchial Pneumonia heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) Cerebral Vascular Accident 11 days DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c) Hypertensive Cardio Vascular disease OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA YES B. PLACE OF INJURY (e. g., in or t home, form, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location)

21A. ACCIDENT WAS UNDER-	211
LYING OR CONTRIBUTING	about
CAUSE OF DEATH	

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. INJURY OCCURRED

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

causes

the

write

Physicians:

especially important.

18

age

correct

deceased alive on 12-4 23A. SIGNATURE

24A. BURIAL, CREMA-TIONAREMOVAL (Specify)

AB. DATE

REGISTRAR'S SIGNATURE

22. I hereby certify that I attended the deceased from 11-28, 1952 to 12-4, 1952, that I last saw the

1952, and that death occurred a 9:00 & m., from the causes and on the date stated above.

4940 Eastern Avenue Balto. Md. 12-4-52

24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY 25 FUNERAL DIRECTOR

23c. DATE SIGNED

LOCAL REGISTRAR C 0_ 1057 VS 150

Durial DATE RECEIVED BY

168W montg omery St

ESSUED BY AUTHORITY
BUREAU OF VITAL STATISTICATION

AFTER THAT BUREAU HAS

BEEN INFORMED THAT

THE OPPRIGINAL HAD DES

LOST BY THE UNBERTAKE

I. BROWN.

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- 11-	<	525						
1	52 11156 BALTIMORE CITY HEALTH DEPARTMENT 52 11156							
	CERTIFICATE OF DEATH Registered No.							
	1. NAME OF DECEASED Joseph X. Johnson 2. DATE OF DEATH /2/8							
		PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived/If institution: residence A. STAJE B. COUNTY before admission)				
	В.		tal or institution, give street address or location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give				
	IN	South Ballice	we Gou. Hosp.	Bato md 23-0 township)				
2			Yrs. Mos.	D. STREET ADDRESS (If	cural, give location)			
	_	Length of stay in Baltimore	Days	936 8 50	rarp 80			
	7	male 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		ber I Year H Under 24 Hours hs Days Hours Min.		
		A. USUAL OCCUPATION (Give kindo done during most of working life, even if retired		11. BIRTHPLACE (State or fo	reign country) 12	2. CITIZEN OF WHAT COUNTRY?		
	13	FATHER'S NAME	0	14. MOTHER'S MAIDEN NA	ME			
	15	. WAS DECEASED EVER IN U, S. WIME	D FORCES? 16. SOCIAL	fue of				
00	(You	, no or unknown) (If you, give war or dat	security No.	Saral E		5 Shows a		
5		18. 420.0	CAUSE	OF DEATH		INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Onto the Condition of the							
3		(This does not mean the mode heart failure, asthenia, etc. It me	of dying, e.g., (A)	that the	maco ~			
17.7	injury or complication which caused death.) DUE TO Arelactocles of the caused death.							
9	_							
100	NO F	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
. 11	∢	UNDERLYING CONDITION L	AST.		•••••			
	인분	II.						
3	CERTI	OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED					
•			19B. MAJOR FINDINGS OF OPER			20. AUTOPSY?		
	3					YES NO		
	MEDI	21A. ACCIDENT WAS UNDER- LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		f in Baltimore City, give	e exact location)		
		21D. TIME (Month) (Day) (Year OF INJURY			OCCUR?			
			m. WHILE AT NOT WHILE		1			
		22. I hereby certify that I at	tended the deceased from 12		2/8, 195 2,	that I last saw the		
4		deceased alive on 1278	, 19 and that death occur		ne causes and on the			
2		23A. SIGNATURE WILLS	ouvay M.D.	South Baltins	re Seal top	23c. DATE SIGNED		
200	24 TIO	NA. BURIAL, CREMA- 24B. DATE.	24C. NAME OF CEMETE		Balt nu	county) (State)		
70110	DA	TE RECEIVED BY REGISTRAR	SIGNATURE	25 FUNERAL DIRECTOR		DORESS		
	LC	OCAL REGISTRAR	1 1/1/1/	Secral Ll	Jour for	~		
1	E	3 8 = 1397 V		1084 min	Taman	St		
**			0 5 788 99	To To The Market	nergy merry			

Sund, xiden do-1836 menty one of St

9 - 1957 Vs 150

BURIAL

DATE RECEIVED BY

LOCAL REGISTRAR

DEG.10.1952

REGISTRAR'S SIGNATURE

us, M.P.

NEW CATHEDRAL

18 W. Mt. Royal Ave.

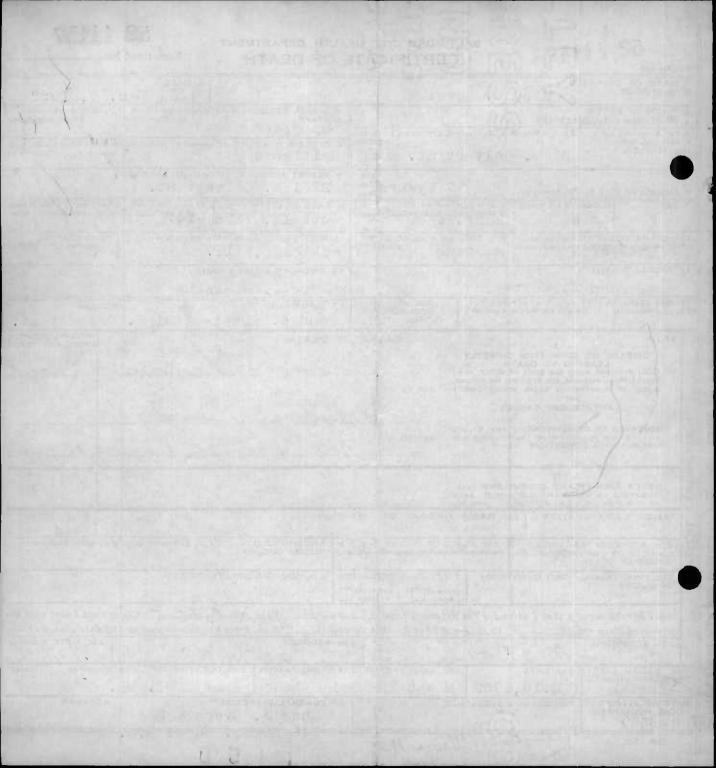
Chas F. Evans & Son

25. FUNERAL DIRECTOR

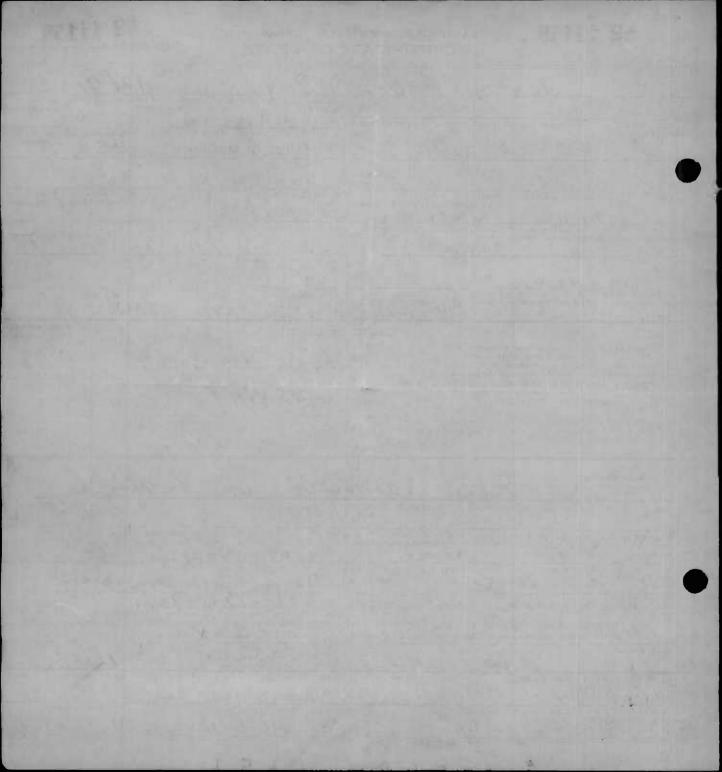
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BALTIMORE: MD.

ADDRESS



52 11158 52 11158 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION Yrs. c. Length of stay in Baltimore 7. SINGLE, MARRIED 9. AGE (In years) 6. COLOR OR RACE If Under 1 Year last birthday) Months: Days Hours! Min. WIDOWED, DIVORCED (Specify) WHITE MARRIED 10A. USUAL OCCUPATION (Givekindof) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY work done during most of working life, even if retired) ZECHOSLOVAKIA SANTATION,-CITY LABORER 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME UNKNOWN UNKNOWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or nnknown) (If yee, give war or dates of service) 16. SOCIAL ADDRESS 17. INFORMANT (Yee, no or nnknown) SECURITY NO 5712MOORE ST INTERVAL BETWEEN CAUSE OF DEATH ONSET AND GEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) LUNG. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING TO ON CONTRIBUTING CAUSE OF DEATH. 218. PLACE OF INJURY (e. g., in or INJURY OCCUR? about home, farm, factory, street, office bidg., etc.) Church 21F. HOW DID INJURY 210. TIME (Month) (Day) (Year) (Hour) from wardtope OF INJURY 22. I certify that I took charge of the remains described above, held an thercon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 234 SIGNATURE M.D. MEDICAL INVESTIGATOR. 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) OSS, AA CO ANNE ARUN DATE RECEIVED BY OCAL REGISTRAR Trung town VS 151

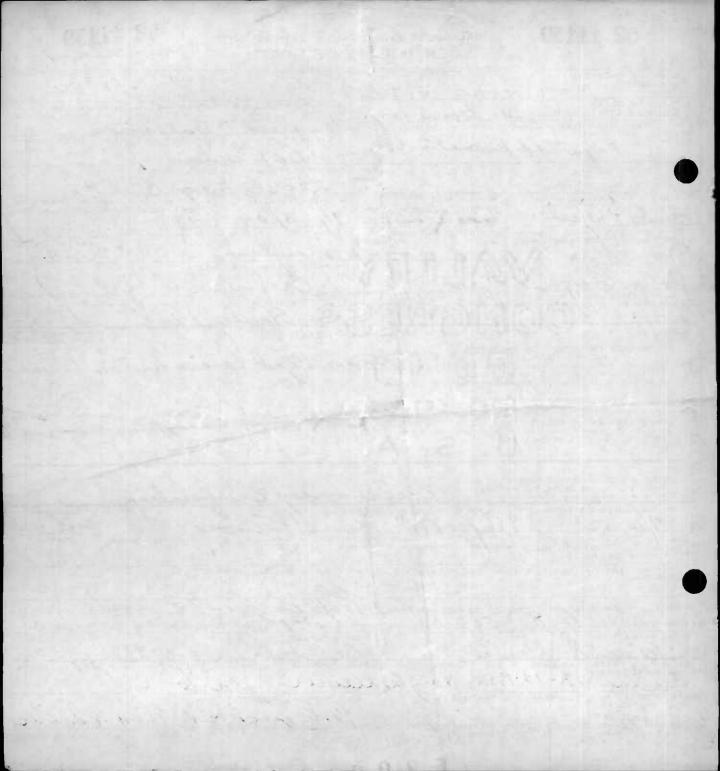


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 11159

BIRTH NO.	CERTIFICAT	E OF DEATH	Registered	No
1. NAME OF DECEASED (Type or Print)	1111		2. DATE OF /Z	18/100
3. PLACE OF DEATH:	e Viter		DEATH	0132
A. Baltimore City, Maryland	lecour Hose.	A. STATE	B. COUNTY	f institution : residence before admission)
HOSPITAL OR	tution, give street address or location)		Ballen	ethe
INSTITUTION Faculty & Park	Carri Sts.	C. CITY OR TOWN	(If outside corporate lim	its, write RURAL and give
Tage of 12		Dall	unou /	-03
County of the County De Its	48 Yrs.	6 6	(If rural, give location)	4.0
5. SEX 6. COLOR OR RACE 7. SING	Days SLE, MARRIED.	8. DATE OF BIRTH	6agres ,	14.
J. Collon OK INAGE 7. SIII	OWED, DIVORCED (Specify)	1 11/4-1	9. (GE (In years last birthday) M	If Under I Year If Under 24 Hours Onths Days Hours Min.
	arred	11/23/04	48	
work done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stat	te or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	a A HA	Maryla	d	2.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDE	EN NAME	- 0
John Sigriney	ru .	Wilkeln	new 6kg	El
YE. WAS DECEASED EVER W U. S. ARMED FORCES (If yes, rive war or dates of prvice)	16. SOCIAL SECURITY NO.	17. INFORMANT	0 0200	ADDRESS
The l		Mer. Strue	lay Vitel	vdoma
18. 175 X	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTI	Y 0/	0 0	4	ONSET AND DEATH
(This does not mean the mode of dying,	e. g., (A)	resolved	Carcenone	Tex 6 Treas
heart failure, asthenia, etc. It means the dis injury or complication which caused de	ease.			
ANTECEDENT CAUSES				
Z ANTECEDENT CAUSES	Cuc	morna o	of divare	
DISEASES OR CONDITIONS, IF ANY, GI	VING	J		***************************************
UNDERLYING CONDITION LAST.				
<u> </u>	(C)		······································	*******
11	1		Service of the servic	
OTHER SIGNIFICANT CONDITIONS OF	ON-		00 7.	
TO THE DISEASE OR CONDITION CAUSING	IT. fundadilla	way c	consider	
19A. DATE OF OPERATION 19B. MAJO	PR FINDINGS OF OPER	RATION //		20. AUTOPSY?
0 1/16/32 Clas	LACE OF INJURY (e. g., i	elan Jalla	(K in Politica or City	YES NO
LYING OR CONTRIBUTING about on	ne, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID IN	JURY OCCUR?	
OF INJURY	WHILE AT NOT WHILE			
m.	WORK AT WORK	(2) (12/2	~
22. I hereby certify that I attended to	ie deceased from	1 1 100 2		that I last saw the
deceased alive on 12/0, 1952	and that death occur		om the causes and on t	
25A SIGNATURE R. VIII	00	3B. ADDRESS	11 4	23C. DATE SIGNED
24A. BURIAL CREMA-1 24B DATE	M. D. 24C. NAME OF CEMETE	BY OR CREMATORY 2	4D. LOCATION (Oity, town	or county) (State)
TION REMOVAL (Specify)	Koly Bods	20 41 60	20 /X- //	, or younce,
DATE RECEIVED BY REGISTRAR'S SIGNA	1 / 1/4	25. FUNERAL DIRECT	TOP . W	ADDRESS
LOCAL REGISTRAR	10112	MI.	Parl a con	1. 0 Pa to
HECO-1039 HE		11. 6vac	4 000 N, 7008	4. tomallo
VS 150	~ Williams 10.	73		
()	The same of the sa	20		



VS 150

LOCAL REGISTRAR

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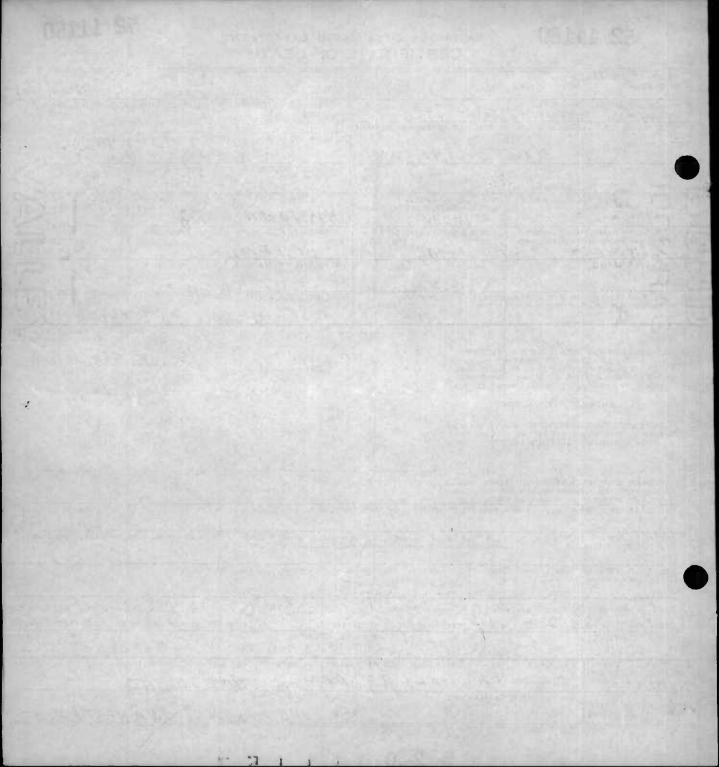
24A. BURIAL, CREMA-TION, REMOVAL (Specify BURIAL DATE RECEIVED BY

REGISTRAR'S SIGNATURE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

FR. CVACH +SON 900N-CHESTER.



52 11161 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 2. DATE OF STEPHEN KTRBY DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or MARYLAND Iocation) C. CITY OR TOWN (If outside corporate limits, write RURAL and give HOSPITAL XXXXXXXXXXX JESSUP Yrs. o. STREET ADDRESS (If rural, give location) Mos. MONTEVEDIO Davs 9. AGE (In years it Under I Year Last birthday) Months Days Hours Min. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH MARRIED 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME dersan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or (unknown) (If yes, give wer or deceyof service) 16. SOCIAL Lacust SECURITY NO. 705-05-6644 INTERVAL BETWEEN OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dylng, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

19A. DATE OF OPERATION

21A. ACCIDENT WAS UNDER-

LYING OR CONTRIBUTING 21D. TIME (Month) (Day) (Year) (Hour)

deceased alive on /2-

24B. DATE

TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION

WORK

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21E. INJURY OCCURRED

AT WORK

22. I hereby certify that I attended the deceased from

24C. NAME OF CEMETERY OR CREMATORY

19 52 to 1922 and that death occurred at 2 Mo from the causes and on the date stated above.

25. FUNERAL DIRECTOR

23B. ADDRESS

21c. WHERE DID

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

, 195 that I last saw the

240. LOCATION (City, town, or county) arylan

ADDRESS

(If in Baltimore City, give exact location)

20. AUTOPSY?

23c. DATE SIGNED

YES

LOCAL REGISTRAR

OF INJURY

23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

Jural

DATE RECEIVED BY

especially

22

(Type or Print)

5. SEX

18.

MALE

3. PLACE OF DEATH:

B. FULL NAME OF HOSPITAL ON ST.

A. Baltimore City, Maryland

c. Length of stay in Baltimore

work done during most of working life, even if retired)

lectrical sub-state 13. FATHER'S NAME abuntan

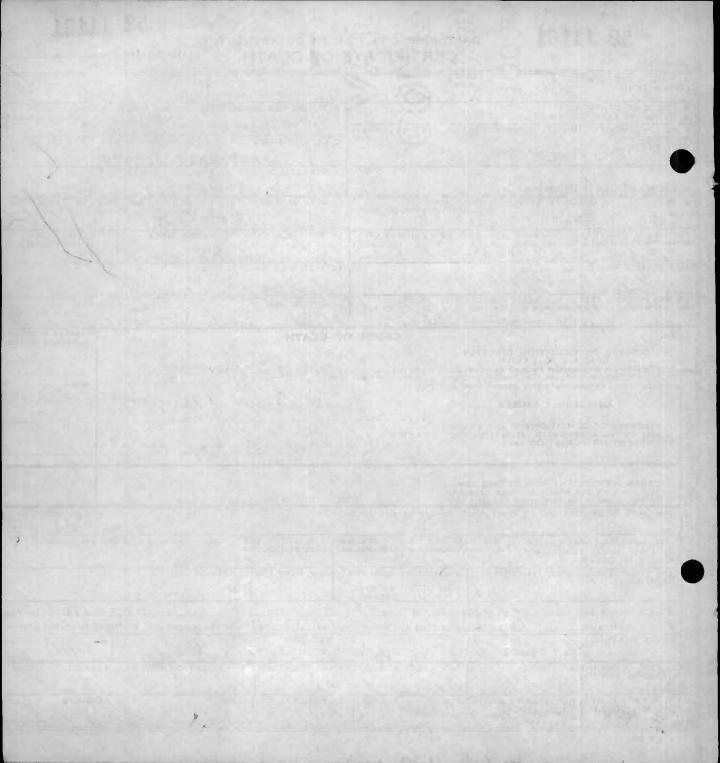
AGNES

6. COLOR OR RACE

WHITE

REGISTRAR'S SIGNATUNE

VS 150



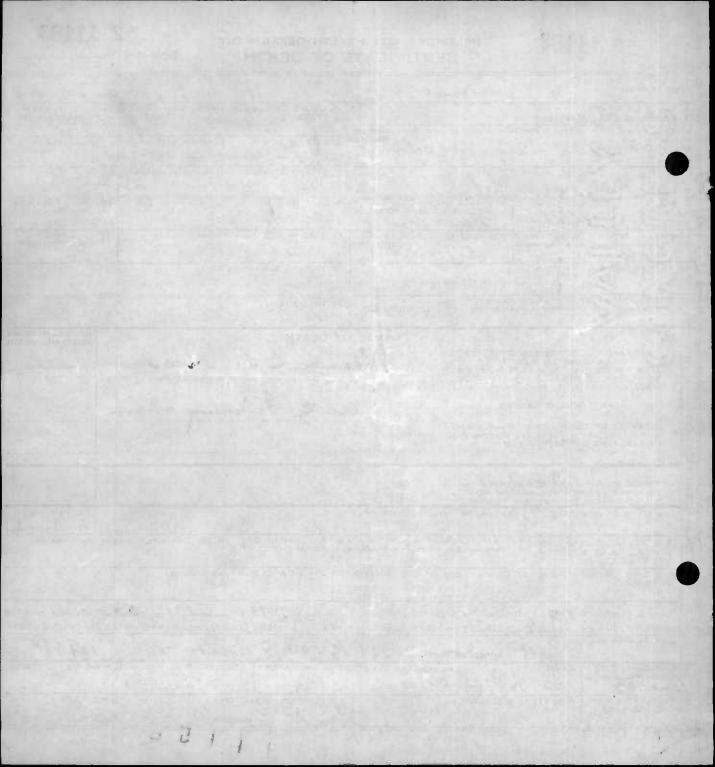
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 11162 Registered No.

-	RIH NO. PAM							
1.	NAME OF D	Emma Eitr	ier	(EITNE	R)		2. DATE OF DEATH 12-	-7-52
	Baltimore				4. USUAL	RESIDENCE (Where deceased lived. B. COUNTY	If institution: residence before admission)
В.		OF (If not in hospit	al or instituti	on, give street address or		land	Ba	Stempre
	ISTITUTION	Baltimore i		T CALS	c. CITY OR Balti		outside corporate li	nits, write RURAL and give township)
		4740 = 450022		Yrs.			rural, give location)	coex
-		tay in Baltimore	7	Mos. Days	730 R	iverside	Drive	535¥
	SEX	6.COLOR OR RACE		, MARRIED, ED DIVORCED (Specify)	8. DATE OF	BIRTH	9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hours Months Days Hours Min.
	emale	White CUPATION (Give kind of	PORT TO THE	OF BUSINESS OR	Aug 8,	LACE (State or f	60 %	140 61717511 05
wor	done during most	of working life, even if retired)	105. KIND	Home			oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME /	ac	1		Ivania R'S MAIDEN N	AME	
		Frank	W all	ero	L	Elian	, 1	
15 (Ye	s, no or nnknown)	ED EVER IN U.S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORM	ANT ti more	ity Hospi	ADPRESS
					0001 (13)	4940 East		
	18. 174		-	CAUSE	OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
		SE OR CONDITION LEADING TO DEA	TH	Care	inoma	of utemic	in the mater	21 vrs.
	heart failure, asthenia, etc. It means the disease,						22 713.	
	ANTECEDENT CAUSES							
Z	DISTACT			(B)	***************	*************************	*******************************	
E S	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TD UNDERLYING CONDITION LAST.							
CA	ONDERE	THE CONDITION LA		(C)		**********************	***************************************	
RTIFICATION	OTUED 6	II		Toss	ble pne	บากทำล		
ш	TRIBUTING	SIGNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATED	Cana		litation		
O				FINDINGS OF OPER	ATION			20. AUTOPSY?
CAL	()							YES NO X
EDICA	CAUSE OF		about home, fa	CE OF INJURY (e. g., i arm,factory,street,office.bldg.,	to.) 21c. WE	OCCUR?	If in Baltimore City	, give exact location)
	21b. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 2	1E. INJURY OCCURR	ED 21F. HO	W DID INJUR	Y OCCUR?	
	m. WHILE AT NOT WHILE AT WORK							
	22. I hereby certify that I attended the deceased from 11-12-, 1952, to 12- 7-, 19 52 hat I last saw the deceased alive on 12-7-, 1952, and that death occurred at 6:45 Refrom the causes and on the date stated above.							
	deceased a		, 1954, 0		red at 3B. ADDRESS		he causes and on	the date stated above.
		Stopphy.	Joe	м. р.			. Balto Md.	12-7-52
2. T(4A. BURIAL, ON, REMOVAL	Specify)	~ 7	4c. NAME OF CEMETE	RY OR CREMA	TORY 240. L	OCATION (City, tov	vn, or county) (State)
	ATE RECEIVE	12-10-			al.	Ley. 13	sello.,	mi,
	DCAL REGIST		SIGNATU	KE.	DNERA	L DIRECTOR	01141	ADDRESS
at.	9 - 1957 vs 150	Tuntanto	Willian	us- Mari	Jann 1	· Omn	9 110	R St 21
	V5 150	0	TELL,	- 9 6 9	1 6	5 5	0	dallo d'mile

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52 11164 Registered No. BALTIMORE CITY HEALTH 52 11164 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE P. Faller (Type or Print) 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF f not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give township) BALTIMORE D. STREET ADDRESS (If rural, give location) Yrs. Mos. Y S. MONASTERY . Length of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. SINGLE, MARRIED If Under 1 Year last birthday) Months: Days Hours! Min. WIOOWED, DIVORCED (Specify) WIDOWER 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY PRESIDENT 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GEORGE J. FALTER WRIGHT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY? YES ND 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE OID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB-INJURY OCCUR? UTING [CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW OID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. I certify that I took charge of the remains described above, held and thereon and from Autopsy, Depection of Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes 🏋, accident 🗆, suicide 🗖, homicide 🗖, undetermined 🗀. 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER age MEDICAL INVESTIGATOR 24c. NAME OF CEMETERY DR CREMATORY | 24d. LOCATION (City, town, or county) TION, REMOVAL (Specify) 12-10-52 DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

PERTIES. Laurah I Taller it times thought They charge cholasons

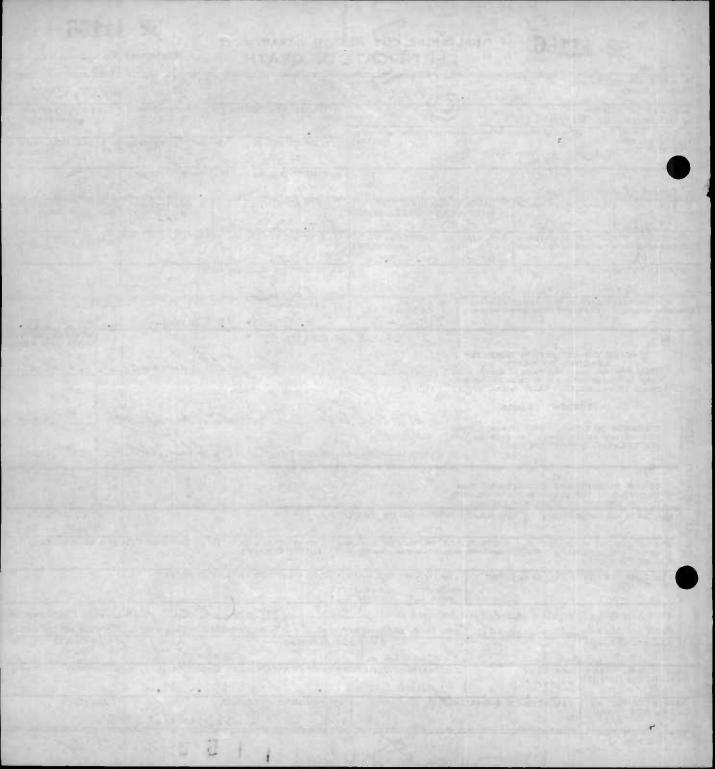
ÇE	REFERA	TE CORRECT	TED 12-	16-1952	ALTVate	0 10	
В	IRTH NO. 52	111.85		MORE CITY H		ENT Registered	52 11165
(2	NAME OF D	altuaten	, M15. N	Pollie P.	riscilla	2. DATE OF DEATH De	cember 7,1952
3	Baltimore C	EATH: City, Maryland		4	4. USUAL RESIDEN	B. COUNTY	
H	FULL NAME	OF (If not in hosp:	ital or institution,	give street address or location)	c. CITY OR TOWN		mits, write RURAL and give
	NSTITUTION	Home for	Incuero	2412	Baltimo	14 11 11	13-47 township)
17		State of the last		Yrs. Mos.	D. STREET ADDRES	S (If rural, give location)	
	Length of st	tay in Baltimore	424rs	- Days	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year If Under 24 Hours
3	15 D. o.	ind ') a	WIDOWED	DIVORCED (Specify)		last birthday)	Months Days Hours Min.
10	DA. USUAL OC	CUPATION (Give kinds	I 10B. KIND OF	BUSINESS OR	11. BIRTHPLACE (Sta		12. CITIZEN OF
WOR	Housev	of working life, even if retired	At home	INDUSTRY	Statonsville	1.00	WHAT COUNTRY?
13	3. FATHER'S N	IAME			14. MOTHER'S MAID	EN NAME	
1-11	HUSAN	D EVER IN U. S. ARME	D CODOCO L		Sarahi	ammon	<u>s</u> –
(Y	es, no or unknown)	(If yes, give war or dat	of service)	S. SOCIAL SECURITY NO.	17. INFORMANT	7. 14. 0	ADDRESS
	18. 350	×		CAUSE		exton-Kome to	INTERVAL BETWEEN
	_	E OR CONDITION		P	1		ONSET AND DEATH
	(This does	LEADING TO DEA not mean the mode re, asthenia, etc. It me	of dying, e. g.,	(A) (D)	calyper ag	ilan	13 years
		complication which		DUE TO			
7		ANTECEDENT CAU	SES	(B)			
000	RISE TO TI	OR CONDITIONS,	STATING THE	DUE TO			4.4.4.0
NA C	UNDERLY	ING CONDITION L	AST.	(c) (ctr	opper at	lhutes	Mylere
RTIFICA		11			V		
RA	TRIBUTING	IGNIFICANT CONE	NOT RELATED	anter	in dua	in (Severalisi	11. 840000
U		F OPERATION		NDINGS OF OPER	RATION	7	20. AUTOPSY?
DICAL	4						YES NO
AEDIO		ENT WAS UNDER. R CONTRIBUTING DEATH	1	OF INJURY (e. g., l factory, street, office bldg.,			y, give exact location)
	21D. TIME (DF INJURY	Month) (Day) (Year	WHIL	NOT WHILE		NJURY OCCUR?	
1	22. I hereb	y certify that I at			rah 17 1944	to December 7, 19	52that I last saw the
No.	deceased al	ive on Assemble	6, 1952 and	l that death occur	rred at 5 2 m., f	rom the causes and or	the date stated above.
	23A. SIGNAT	rollow He	reberge) M. D.	214 Medi	of arts Bly	December 8 1952
2 TI	4A. BURIAL, CON, REMOVAL (S	REMA 248. DATE	. Y	NAME OF CEMETE		24D. LOCATION (City to	wn, or county) (State)
	Burial	12/10/		Lorraine Ce		Woodlawn, Md.	1 Apples
L	OCAL REGIST	RAR REGISTRAF	cton VII	A 10.4 A 8	25. FUNERAL DIREC	Manes	1 XMA
B	C 9 - 19	52 0	flow Walli	BULL M. S.	21111	0	())
				5 30 98 1	V	Dalto 17	, IVU
				and the same of	The state of the s		

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BALTIMORE CITY HEALTH DEPARTMENT

52 11166

52 11166 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF BESSIE G. PATTERSON Dec. 7, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Edgewood Nursing Home Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 419 Homeland Ave. 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 9. AGE (in years | If Under I Year 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH last birthday) | Months: Days | Hours: Min. female widowed 188 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Clerk Gas & Elec. Co. Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Charles E Freburger Fannie Davis 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. 12-05-505 Mrs. Goldie F. Klages-724 W. North INTERVAL BETWEEN 18. 260 X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout bome, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY AT WORK WORK 22. I hereby certify that I attended the deceased from QC . that I last saw the and that death occurred at 17 mm., from the causes and on the date stated above. (O. 19x deceased alive on 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATOR 24D. LOCATION (City, town, or county) 12/10/52 Balto. Md. Loudon Park Cem. 25 FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR



important.

S

correct

nary occlusion LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

19A. DATE OF OPERATION

CAUSE OF DEATH

21A. ACCIDENT WAS UNDER.

LYING OR CONTRIBUTING

DUE TO

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

> 198. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NOT WHILE

OF INJURY Ale 8 195% to

22. I hereby certify that I attended the deceased from___

23A. STGNATURE 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-

TION REMOVAL (Specify)
Burial Druid Ridge Cem. 12/10/52

23B. ADDRESS

21F. HOW DID INJURY OCCUR?

21c. WHERE DID

INJURY OCCUR?

Nee 8 , 1952, that I last saw the deceased alive on Nec 8 195, and that death occurred at P.M.A.m., from the causes and on the date stated above.

24D. LOCATION (City, town, or county)

(If in Baltimore City, give exact location)

25, FUNERAL DIRECTOR

Pikesville, Md.

ADDRESS

20. AUTOPS

23c. DATE SIGNED

YES

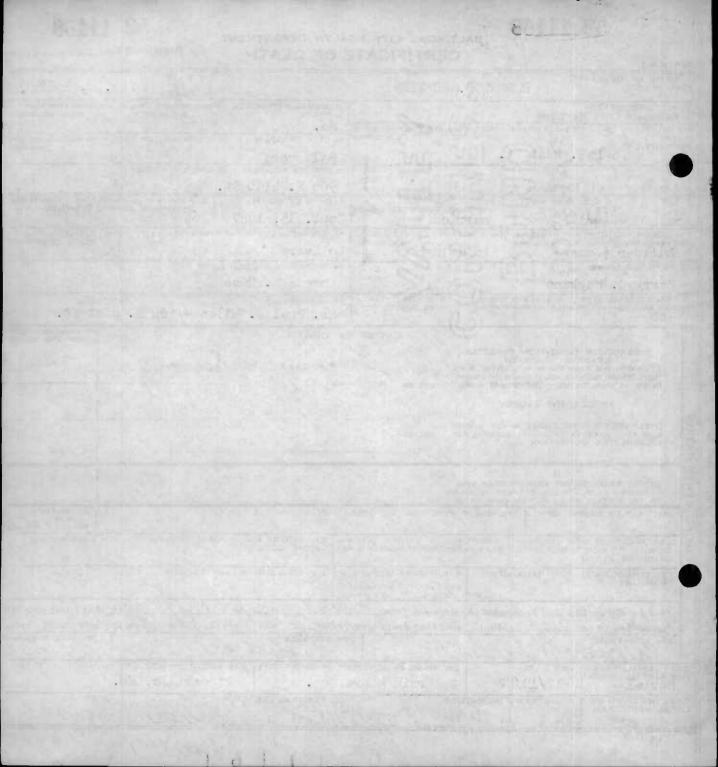
important.

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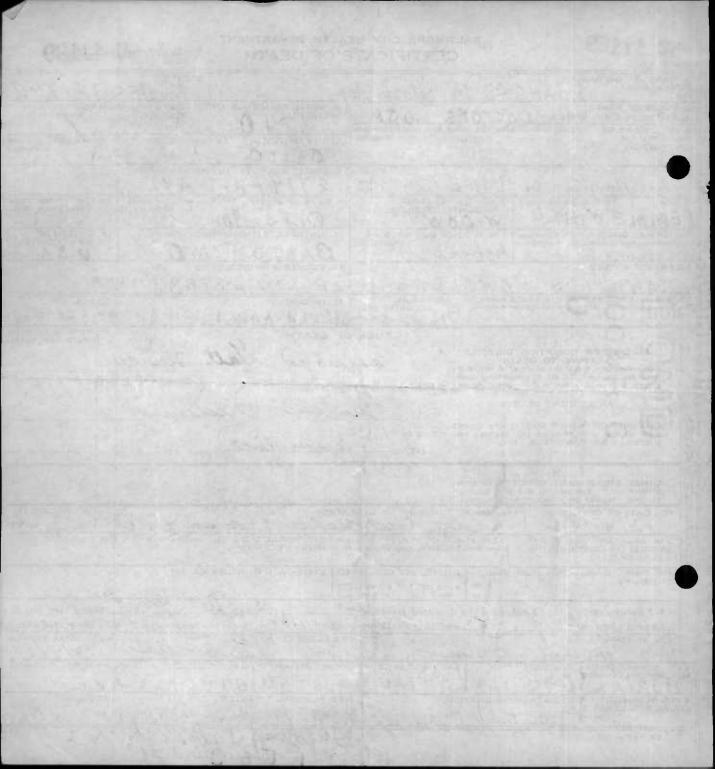
12 age

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

VS 150



1 -	620				
BI	52 11169 RTH NO.	BALTIMORE CITY HE CERTIFICATION	EALTH DEPARTMENT E OF DEATH	Registered No.1	1189
	NAME OF DECEASED PRANCES	M. YorEck	1	2. DATE OF DEATH OF C 7	1.1952
Α.	PLACE OF DEATH: Baltimore City, Maryland Doct	ORS HOSP	4. USUAL RESIDENCE (W)	here deceased lived. If insti B. COUNTY	totion: residence before admission)
H	FULL NAME OF (If not in hospital or ins DSPITAL OR ISTITUTION	titution, give street address or location)	c. CITY OR TOWN (If o	outside corporate limits, wr	rite RURAL and give township)
-		Yrs.	o. STREET ADDRESS (If r	ural, give location)	
	Mengen of esa, in Datement	Mos. Days	2719 - A17	9. AGE (In years) If Under	1 Year If Under 24 Hours
F	EMAKE WHILE MI	DOWED, DIVORCED (Specify)	OCT 5 1901	last birthday) Months	
WOL	A. USUAL OCCUPATION (Give kind of good during most of working life, even if retired) A. USUAL OCCUPATION (Give kind of look o	berto INDUSTRY	11. BIRTHPLACE (State or for BALTO 114. MOTHER'S MAIDEN NA	MO	WHAT COUNTRY?
,	STANISLAUS KOW	ALENSKI	APOLONIA S	TABY MSKA	
15 (Ye	i. WAS DECEASED EVER IN U. S. ARMED FORCE s, no or unknown) (If yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT	FW SKI 97	ESS 19 FAIT AVI
	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the dinjury or complication which caused of	CAUSE (of DEATH Hall		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES	Co	stian da	1	
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, OR RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.	GIVING G THE DUE TO	annelice	<u> </u>	
CERTIFI	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSI	LATED			
L	19A. DATE OF OPERATION 19B. MA		Plasela - Y Ceny	Law Duck	20. AUTOPSY?
REDICA		PLACE OF INJURY (e. g., i nome, farm, factory, street, office bldg.,	n or 21c. WHERE DID (If	in Baltimore City, give	
	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		OCCUR?	/
	22. I hereby certify that I attended	the deceased from the	195/, to 0		nat I last saw the
	deceased glive on 19	1 2	23B. ADDRESS P.	e causes and on the d	3c. DATE SIGNED
2. TI	4A. BURIAL CREMA 24B DATE	24c. NAME OF CEMETE		OCATION (City, town, or c	ouncy) (State)
7.7	TORIAL DECIMENTAL REGISTRAR'S SIGN	TATURE	AUS CEMIUO A 25. FUNERAL DIRECTOR	DALKAV	DRESS
于	CO 1055 Tuntington	Villiams, M.P.	tephen J. Fialkovski, Inc	1000 S.KEN	WOODAY
	vs 15000.	69042 Ma	riel E. High	rowsky /	



BALTIMORE CITY HEALTH DEPARTMENT Registered No 11170 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) f not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 9. AGE (In years | M Under) Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) IBOWED 10A, USUAL OCCUPATION (Give kind of 11. BIRTHELACE (State or foreign country) 12. CITIZEN OF work done during most of working life, oven if retired) WHAT COUNTRY a, LDR. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. EXTERNAL CAUSE WAS UNDERLYING X OR CONTRIB 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING | CAUSE OF DEATH 21D. TIME (Month) (Day) (Yes.r) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT P . m. 22. I certify that I took charge of the remains described above, held an Autopsy, Ispection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said decased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. 23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER.... MEDICAL INVESTIGATOR 240. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY TION, REMOVAL (Specify) OOD DATE RECEIVED BY LOCAL REGISTRAR 803.2

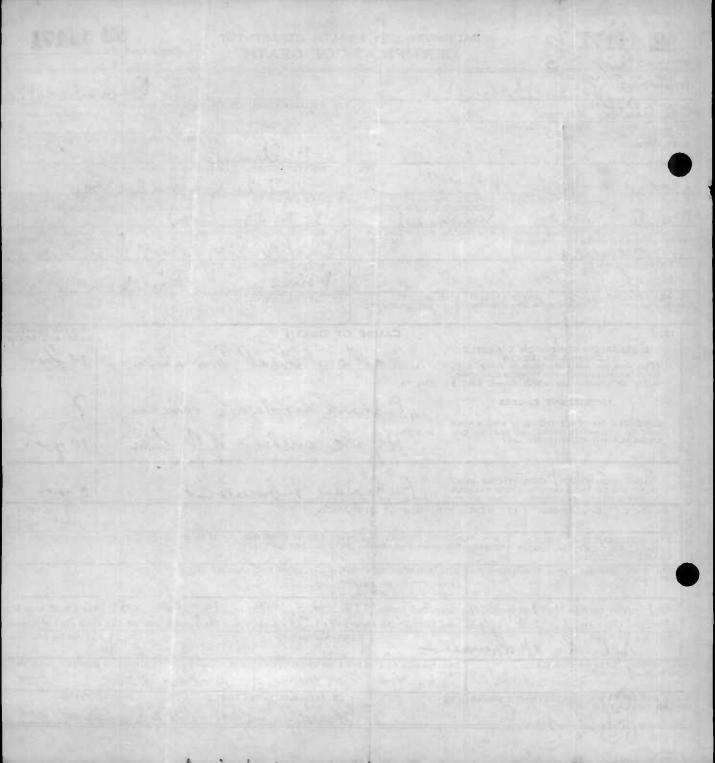
Marie Walter was the first the first Manuer to the whole the second was a second moderal Humbridge Contractor of Burgon

13 - 650 52 11171

BALTIMORE CITY HEALTH DEPARTMENT

52 11171

BIRTH N	111/1		CERTIFICAT	E OF DEATH	Regist	ered No.	_
	OF DECEASED	Brun	^		2. DATE OF DEATH	Occambanda 195	52
A. Baltir	OF DEATH: more City, Marylan			A. STATE	E (Where deceased I B. COUN	ived. If institution; residence NTY before admission	n)
HOSPITA			ntion, give street address or location)		(If outside corpora	te limits, write RURAL and gi	
•	JOHNS HO	FRINS HOSPI	Yrs.	Bulting D. STREET ADDRESS	(If rural give locat	3-02 township	(c)
	h of stay in Baltin	nore 45.	Mos. Days	3075.	Centra	l, ane.	
5. SEX	6.COLOR OR		E, MARRIED. WED, DIVORCED (Specify)		9. AGE (ln y last birthd	ears if Under 1 Year If Under 24 Hours Mir	
10A. USU	AL OCCUPATION (GI	rekind of 108. KIN	D OF BUSINESS OR	3-3-05 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF	
N	ing most of working life, even i	i retired)	INDUSTRY	Charetti 1	ur ferse	4. U.S. H	Y
Mi	sheaf 74	artuce	i	14. MOTHER'S MAIDE	N NAME	on man	1
15. Was (Yes, no or u	DECEASED EVER IN U.S	. ARNED FORCES? r or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANTS HO	PKINS HOSPIT	ADDITISS	=
18.	581.0 and	002X	CAUSE	OF DEATH		INTERVAL BETWEE	
	DISEASE OR CONDI	DEATH	el d	Rombolish	2	e 24 Res.	
hes	nis does not mean the art failure, asthenia, etc ury or complication v	. It means the disea	ise,		A CONTRACTOR OF THE PARTY OF TH		****
	ANTECEDENT	CAUSES	Puster	und exophogr	D. mice	4 7	
RIS	BEASES OR CONDITI	SE (A) STATING T	ING	01	110		
Ö	IDERLYING CONDITI	ON LAST.	(c) Hapar	he centers	of the liv	re 10 grs.	
ATIF.	HER SIGNIFICANT	CONDITIONS CO	n. 0 1	10	0.		
U TO	BUTING TO THE DEATH THE DISEASE OR CON	DITION CAUSING	IT.	ray fubricu	loses	5 ys.	
Jay. I	DATE OF OPERATION	198. MAJOI	R FINDINGS OF OPER	RATION		YES NO	
O LYIN	ACCIDENT WAS UN G OR CONTRIBUT SE OF DEATH		ACE OF INJURY (e. g., i a, farm, factory, street, office bldg.,	in or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore	City, give exact location)	
	TIME (Month) (Day)	(Year) (Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE		JURY OCCUR?		
22. 1	hereby certify tha	m.	WORK AT WORK		12 - 60	, 19 52 , that I last saw ti	h
deced	ased alive on 12		, and that death occur	rred at 703 P.m., fre		d on the date stated abov	e.
23A.	SIGNATURE L.	Hidrwa		BOHARS FORKINS I	HOSPITAL	23c. DATE SIGNE	ט
24A. BU TION, REM	RIM, CREMA- OVAL (Specify)	C.10.1959	24c. NAME OF CEMETE	ERY OR CREMATORY 24	Belain	Proof (State	X
DATE RE	CEIVED BY LEGIS		URE	25. FUNERAL DIRECT	OR /	ADDRESS A	-



BALTIMORE CITY HEALTH DEPARTMENT

52 11172

Registered No_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED OF Dec. 8, 1952 (Type or Print) EDWARD J. GREEN 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 3217 Batavia Avenue Baltimore p. STREET ADDRESS (If rural, give location) Yrs. Mos. Batavia Avenue c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years It Under I Year If Under 24 Hours last birthday) Months! Days Hours: Min. WIDOWED, DIVORCED (Specify) Oct. 16, 1880 male white married 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? work doneduring most of working life, even if retired) INDUSTRY Retired Baltimore, Maryland B & O R R 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Horace Green Maruh Hannaway 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mrs. Kathryn Dempsey Green Batavia 332X CAUSE OF DEATH 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш Ü TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE [WORK AT WORK Dec 20,195/ to Dec 8 . 1952, that I last saw the 22. I hereby certify that I attended the deceased from_ Pm., from the causes and on the date stated above. deceased alive on Nov 26, 1952, and that death occurred at 1 23c. DATE SIGNED 23B. ADDRESS 23A. SIGNATURE 12-9-52 Momust Brewin 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) 24B. DATE Baltimore, Maryland 12/12/52 Moreland Mem. Park Burial 25 FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE EL 9-1057 Lonard J. Ruck, 5305 Harford Road. VS 150

5 J-3 '-	
6.	50 41
FO .	E OF DEATH Registered No. 11173
52 11173 CERTIFICATI	E OF DEATH Registered No.
	10.04=
1. NAME OF DECEASED (Type or Print)	2. DATE OF 12 V 19C-
WILL DEADENKOPF	DEATH 12. 1752.
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
A. Baltimore City, Maryland B. FULL NAME OF (If not in bospital or institution, give street address or	
HOSPITAL OR location)	
INSTITUTION School Alochital	R. 19 5 - 4 7 township)
- Oronace Oronace	D. STREET ADDRESS (If rural, give location)
Yrs. Mos.	
c. Length of stay in Baltimore Days	2516 arbutan ave. # 30.
5. SEX 6. COLOR OR RACE: 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years if Under I Year I Under 24 Hours I last birthday) Months: Days Hours Min.
M W married	8 30 /1911 4/
10A. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, even if retired)	WHAT COUNTRY?
marke manager. Steel	Ballo, Ma. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Um. Goglenkast	minne ordigan
15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL	17. INFORMANT ADDRESS du
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Man 7 . 12 . 1 . 1 . 12-11 C. 17
	rances beadenkape 216 arbitory
18. E 923, 9 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	+. 1 +
(This does not mean the mode of dying, e.g.,	alon of aorla-
heart failure, asthenia, etc. It means the disease,	10 00 1
injury or complication which caused death.) DUE TO	by swallwed
ANTECEDENT CAUSES	V Mi. with
Z (B)	store and
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	CERTIFICATION APPROVED BY
	OUNTITION TON AFT ROYED D
	DAG D
OTHER SIGNIFICANT CONDITIONS CON-	(1) VIV skan MD.
TO THE DISEASE OR CONDITION CAUSING IT.	Chies On Scanning and State and Stat
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	
I I	YES NO
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g.	in or 21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	6tc.) INJURY OCCUR?
	OF A CHOW AND THE PROPERTY OF CHEE
OF IN HIRA	TED 21 HOW BIT TNJURY OCCUR?
about Oct. 8 1950 WHILE AT WORK AT WORK	I Swallowed wire from tin Cab
22. I hereby certify that I attended the deceased from 13	
44. I hereby certify that I alterated the acceased from	, 10, to, 10, that I tast saw the
1 1050 1111	mud at 12 cm from the equippe and on the date stated shows
deceased alive on 12. 1, 1952, and that death occur	
deceased alive on 12. 2, 1952, and that death occur	23B. ADDRESS 23c. DATE SIGNED
deceased alive on 12. 7, 1952, and that death occur 23A. SIGNATURE Chelminsky M. D.	238. ADDRESS Lenar Hospital 12.4.5.3.
deceased alive on 12. 7, 1952, and that death occur 23A. SIGNATURE Chelining M. D. 24A. BURIAL, CREMA-1 24B. DATE (24C. NAME OF CEMETE	238. ADDRESS Lenar Hospital 12.4.5.3.
deceased alive on 12. 7, 1952, and that death occur 23A. SIGNATURE Chelminsky M. D.	23B. ADDRESS Hofital 23c. DATE SIGNED 12. y. s. 3. ERY OR CREMATORY 24D. LOCATION (City, town or county) (State)
deceased alive on 12. 1, 1952, and that death occur 23A. SIGNATURE Chelining M. D. 24A. BURIAL, CREMA- TION REMOVAL (Specify) DATE RECEIVED BY A REGISTRAC'S SIGNATURE DATE RECEIVED BY A REGISTRAC'S SIGNATURE	238. ADDRESS Lenar Hospital 12.4.5.3.
deceased alive on 2. 1, 1952, and that death occur 23A. SIGNATURE Chelinistry M. D. 24A. BURIAL, CREMA- TION, REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE	23B. ADDRESS Level Hospital 23c. DATE SIGNED 12. y. s. 2. ERY OR CREMATORY 24D. LOCATION (City, town or county) (State)
deceased alive on 12. 1, 1952, and that death occur 23A. SIGNATURE Chelining M. D. 24A. BURIAL, CREMA- TION REMOVAL (Specify) DATE RECEIVED BY A REGISTRAC'S SIGNATURE DATE RECEIVED BY A REGISTRAC'S SIGNATURE	23B. ADDRESS Level Hospital 23c. DATE SIGNED 12. y. s. 2. ERY OR CREMATORY 24D. LOCATION (City, town or county) (State)
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deceased alive on 2.1, 1952, and that death occur 23A. SIGNATURE Chelinius y M. D. 24A. BURIAL, CREMA- TION REMOVAL (Specify) Chec. // 52 DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR THAT THE THAT IN THE SIGNATURE THE SIGN	23B. ADDRESS Level Hofital 12.7.5.2. ERY OR CREMATORY 24D. LOCATION (City, town, a county) (State)

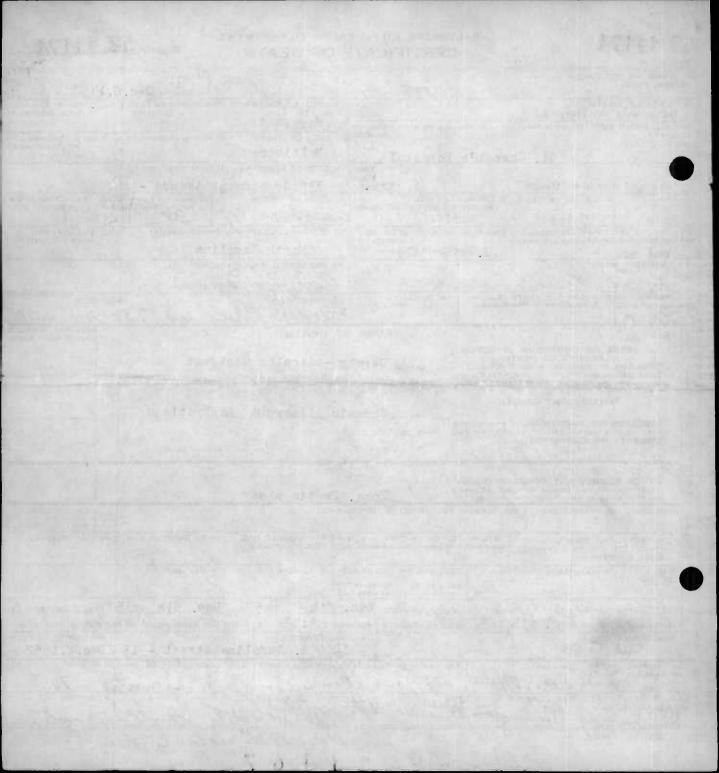
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correct age is especially important. Physicians: please write the canters of nearth cardy and rectury.

BALTIMORE CITY HEALTH DEPARTMENT

Registered 20 11174

BIRTH NO.	CERTIFICATI	E OF BEATTI			
1. NAME OF DECEASED			2. DATE		
(Type or Print) ERNEST	PHILLIPS	20.5	DEATH Dec. 8,1		
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W) A. STATE Maryland	nere deceased lived. If inst	itution: residence before admission)	
HOSPITAL OR	tution, give street address or location)		utside corporate limits, w	rite RURAL and give	
INSTITUTION	W- 41-2	Baltimore	10-0	township)	
St. Joseph	s Hospital Yrs.	D. STREET ADDRESS (If r	ural, give location)		
c. Length of stay in Baltimore	Mos.	738 Greenmount			
5. SEX 6. COLOR OR RACE 7. SING	SLE, MARRIED,	8. DATE OF BIRTH	O ACE (In vegral Hinds	r 1 Year If Under 24 Hours	
Male Colored Ma	OWED, DIVORCED (Specify) arried	lug/3, 1714	last hirthday) Month	B Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of 10B. KI work done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. EARTHPLACE (State or for		CITIZEN OF WHAT COUNTRY?	
	Weiskettle	North Carolin	1.2		
13. FATHER'S NAME	1 STOVES (m)	14. MOTHER'S MAIDEN NA	ME		
Tornest Theless	Sr.	Uda Stan	ul		
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or nnknnwn) (If yes, give war or distes if service)		17 INFORMANT	- ADDI	RESS	
(1 yes, give war or de toe in service)	SECURITY NO.	Ellernow Thele	MA 7385	humakles	
18. 592 X	CAUSE	OF DEATH	1	INTERVAL BETWEEN	
DISEASE OR CONDITION DIRECTI				ONSET AND DEATH	
LEADING TO DEATH (This does not mean the mode of dying,	Comol	bro-vascular accid	ent		
heart failure, asthenia, etc. It means the dis	ease,				
	ath.) DUE TO	ASTO VISITE LINES			
ANTECEDENT CAUSES	Chron	nic clomerula nen	hritis.		
	DISEASES OR CONDITIONS. IF ANY, GIVING				
RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.					
<u>0</u>	(C)	***************************************	***************************************		
OTHER SIGNIFICANT CONDITIONS					
IN TRIBUTING TO THE DEATH, BUT NOT REL		Dontile wilcon			
U TO THE DISEASE OR CONDITION CAUSING		Peptic ulcer	· ······· · · · · · · · · · · · · · ·	20. AUTOPSY?	
	OR FINDINGS OF OPER	TATION		YES NO	
V 21A. ACCIDENT WAS UNDER. 21B. 1	PLACE OF INJURY (e. g., i	in or 21c. WHERE DID (If	in Baltimore City, give		
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about ho CAUSE OF DEATH	me, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR		OCCUR?		
m m	WHILE AT NOT WHILE AT WORK				
22. I hereby certify that I attended t			ec. 8th 1952	hat I last saw the	
deceased alive on Dec. 8th, 1953	and that death occur	rred at9:450 m. from th	e causes and on the	date stated above.	
23A. SIGNATURE	2	23B. ADDRESS	2	3c. DATE SIGNED	
Carbifornot	м. D.	1400 N. Caroline	Street - 13 I	ec.8,1952	
24A. BURIAL, CREMA- 24B. DATE	24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LC	CATION (City, town, or	county) (State)	
Burial Dec. 12/52	mh. Ca	lvary (om a. a.	County	md.	
DATE RECEIVED BY I REGISTRAR'S SIGN	TURE'	25. FUNERAL DIRECTOR	C 2 2 . K	DDRESS	
LOCAL REGISTRAR Huntington	Williams, My	Mas Nobest C	1. Ellesety	aughter)	
vs 150 1352		112970	0 . 01	1	
V3 130 V4 2	- 690 3N	110/11. Can	une sot.		
4	2/19 31	1 6 7		THE REAL PROPERTY.	



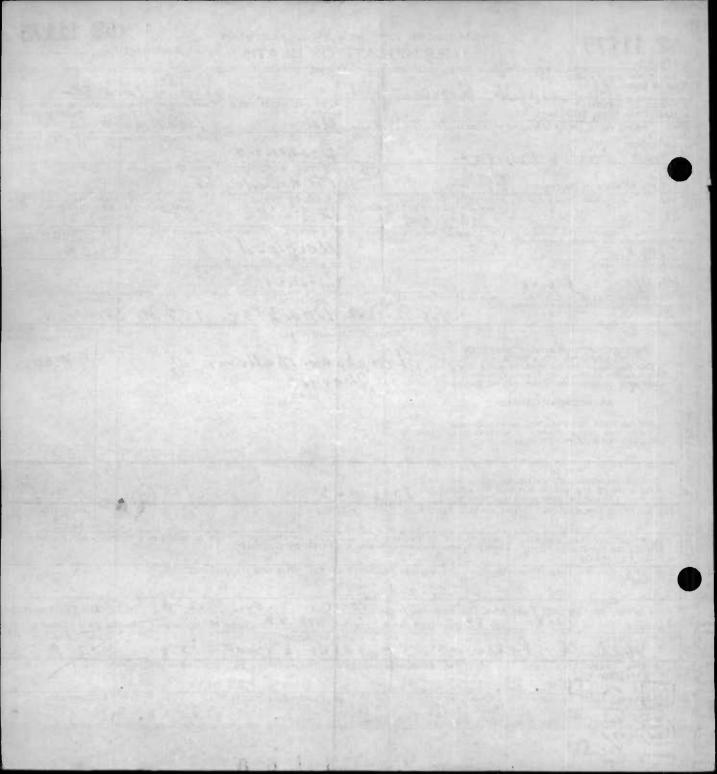
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 11175

Registered No.

BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) JOH W. MOOVE DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence DB. COUNTY A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or SALTIM OFF HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION BALTIMOVE Church HOSDITAL o. STREET ADDRESS (If rural, give location) Yrs Mos. 150 n. Curley St. c. Length of stay in Baltimore Davs 9. AGE (in years | fi Under | Year | fi Under 24 Hours | Months | Days | Hours | Min. 8. DATE OF BIRTH 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORGED (Specify) 12-31- 186 65 MArtifa 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10B. KIND OF BUSINESS OR WHAT COUNTRY? INDUSTRY work done during most of working life, aven if retired) Clerk 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CAroliNE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO ATEX. 157 M. STrupEx 05-12-1268 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY whymphoep: Theliom a of LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) . L. OTHER SIGNIFICANT CONDITIONS CONū TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT 22. I hereby certify that I attended the deceased from 10-11 19 52 to_ . 19 6 that I last saw the deceased alive on 12-8 19 \$2 and that death occurred at 12:30 fm., from the causes and on the date stated above. 24A. BUJIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) 1952 Loudon Park Cem. Baltimore Nd. 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR John A. Moran 3000 E. Baltimore St



5	2 11176		ВА	LTIMORE	CITY HE	ALTH DEF	ARTMENT		52	11176
Bu	DWII NO			CERT	IFICATE	OF DE	ATH	Regis	tered No)
	NAME OF DECE	ASED						I 2. DATE		
	ype or Print)		1,,,,	ME	EDWA	r DC		OF	12/	0/1-
3.	PLACE OF DEAT		, Colle	u.	6 800		ESIDENCE (Where deceased		stitution : residence
Α.	Baltimore City	, Maryland				A. STATE		B. COU	NTY	before admission)
H	FULL NAME OF	(If not in hosp	oital or institu	ation, give str	reet address or location)	c. CITY OR 1	PARYLI			LTIMIORE write RURAL and give
IN	STITUTION	6 ROCHE	STER	Plan	F		ALTIMO		/	1 township)
	707	7(0077-		,,.	Yrs.			f rural, give loes	tion)	0
	Length of stay	in Baltimore		44	Mos. Days			STER	-	e ë
5.	SEX 6.0	COLOR OR RAC		E, MARRIE WED, DIVOF	CED (Specify)	8. DATE OF	/1908	9. AGE (In) last birth	day) Mon	ths Days Hours Min.
10	A. USUAL OCCUP	ATION (Give kind	of IOB, KIN	D OF BUSI	NESS OR			foreign country)	1 1	2. CITIZEN OF
work	done during most of wor	king life, even if retire	d)		INDUSTRY					WHAT COUNTRY
	FATHER'S NAM		EKE	CTTCICA		14. MOTHER	ARYLI	LND	1	USA
		CEDWAR	25		APPIW,					1
15				1 16 606	101			ENCE E		
(Yes	. WAS DECEASED E	If yes, give war or de	ten of service)		URITY NO.	17. INFORMA		WIFE		DRESS
-	NO			215-0	9-8731	MIRS. MI	ARY E. C	DWARDS-	- \	DAME
	18. 420.1	1			CAUSE	OF DEATH				INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY									
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,						MINUTES			
		nplication which			то					
	AN'	TECEDENT CAL	USES		0		m.			
Z				(B)	COR	HARY	UCRTE	tioscler	2120	
	RISE TO THE	ABOVE CAUSE (A) STATING	ING		,				
A	UNDERLYING	G CONDITION	LAST.							
L L				(C))	**********************				
RTIFICATION	OTHER SIGN	II NIFICANT CON	DITIONS CO				The Third			
U U	TRIBUTING TO	THE DEATH, BU	T NOT RELA	TED						
	19A. DATE OF C			R FINDING	S OF OPER	ATION				20. AUTOPSY?
A	HUH	15			NONE					YES NO
EDIC	21A. ACCIDENT. HOMICIDE (S				JURY (e. g., in treet, office bldg., e			(If in Baltimore	e City, gi	ve exact location)
回		ONE	about nom	KON.		11130111		ONE		
	21D. TIME (Mor		r) (Hour)		RY OCCURRE	D 21F. HOW	INTRI DID I	RY OCCUR?		
	OF INJURY	MONE	m,	WHILE AT WORK	NOT WHILE	7	N	ONE		
	22 I hamaha					AV			1972	that I last saw the
	deceased alive									date stated above.
	23A. SIGNATOR			, and indi		38. ADDRESS)	A ,	/ On the	23c. DATE SIGNED
	(0)	unles.	P.Q.	mu.		01	honer	nest It		12/9/52

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24¢ NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE

ADDRESS

Dec. 12,52 | Mt Carmel Cem Burial

Bal timore Md.

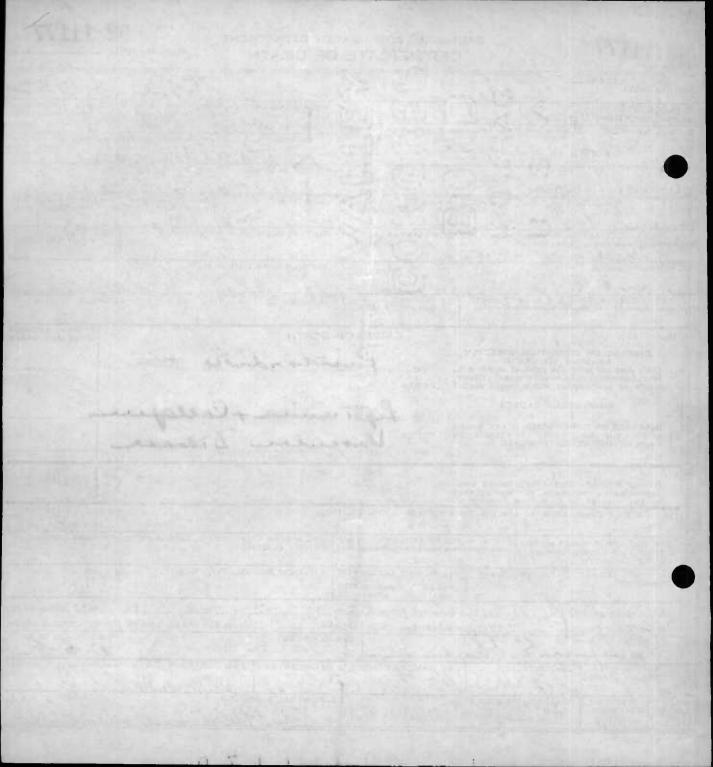
REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR DATE RECEIVED BY

untington Wallaure Met John A. Moran 3000 E. Balto St.

VS 150 300

the unimper library for experience STANS THE THIRD IN SPAN FEMILE NA PERSONAL PROPERTY AND AND ADDRESS OF THE PERSON AND ADDRESS OF THE STATE (NEW YORK PARKET) SAFETY WALLER STANDS LOWING IN A Section of the country of the coun

ABNEV 52 11177 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 2. DATE I. NAME OF DECEASED (Type or Print) 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or location HOSPITAL OR C. CITY OR TOWN JOHNS HOPKINS HOSPITAL INSTITUTION neo (If rural, give location) Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore Davs If Under 1 Year If Under 24 Hours 8. DATE OF BIRTH 9. AGE (In years) 6. COLOR OF RACE 7. SINGLE, MARRIED last birthday) | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) IOA. USUAL OCCUPATION (Give kind of NOB. KIND OF BUSINESS OR Work done tuying more of working life, even if retired) 12. CITIZEN OF 11. BIRTHPLACE (State or foreign country) WHAT COUNTRY? INDUSTRY IS. TATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) | (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT HOPKINS HOSPITAL SECURITY NO. INTERVAL BETWEEN 18. LL 2 2 X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. Ü 20. AUTOPSY 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION YES V EDICA (If in Baltimore City, give exact location) 2 Ic. WHERE DID 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 2 IE. INJURY OCCURRED 2 IF. HOW DID INJURY OCCUR? PID. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the deceased from 12 - 4 -195 40 /2 - 5 , 195 7 that I last saw the deceased alive on 12.5, 1952 and that death occurred at 2.5 m., from the causes and on the date stated above. 23c. DATE SIGNED 23B. ADDRESS HOPKINS HOSPITAL 23A. SOGNATURE METERY R CREMATORY 24D. KOCATION (City, town, or county) BURIAL, CREMA-TUN REMOVAL (Specify) REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR DATE RECEIVED BY OCAL REGISTRAR 9-1051 VS 150

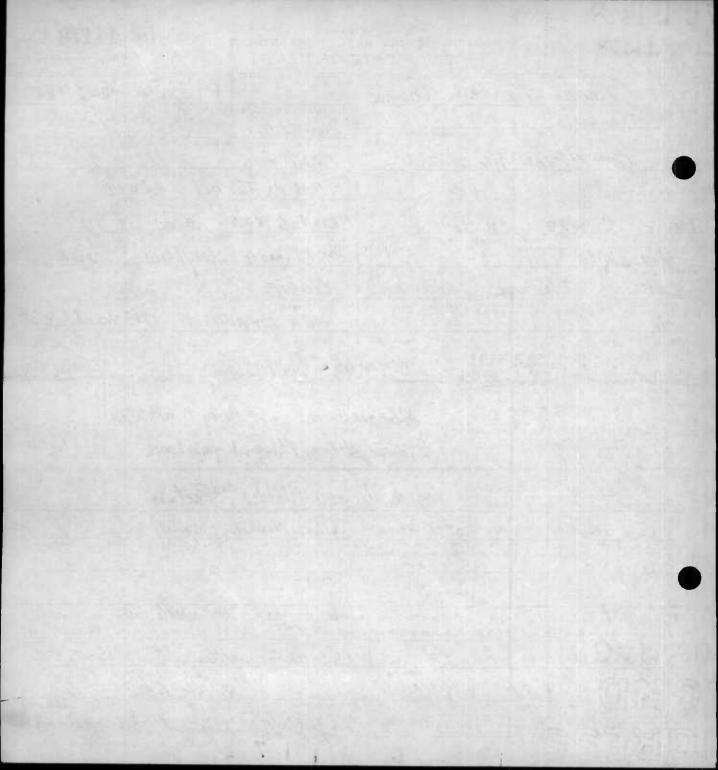


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BALTIMORE CITY HEALTH DEPARTMENT

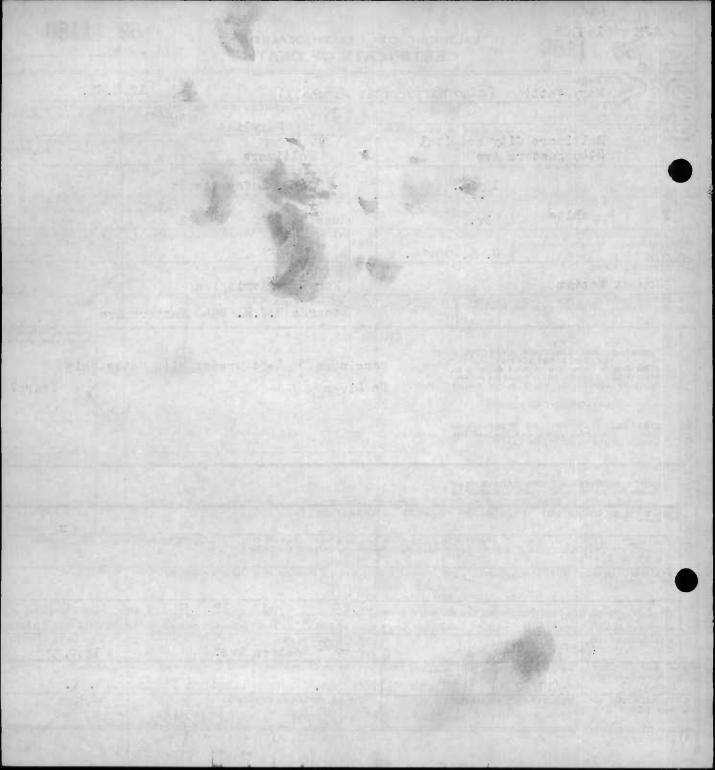
52 11178

BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No.	
1. NAME OF DECEASED (Type or Print) MADE! Elizabe	th Thomas		2. DATE OF DECEM	bev 6,1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (V		
B. FULL NAME OF (If not in hospital or institu HOSPITAL OR	tion, give street address or location)	C. CITY OR TOWN (II	f outside corporate limits, y	write RURAL and give
INSTITUTION 1706 W. FRANKlin	Street	BALTIMORE	19-1	6 / township)
1.	Yrs. Mos.	D. STREET ADDRESS (If		_
c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years) If Un	eder 1 Year If Under 24 Hours
FEMALE Colored Wil	WED, DIVORCED (Specify)	MARCH 26,1893	1 last birthday) Month	hs Days Hours Min.
work done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	BALTIMORE	MARU/AND	2. CITIZEN OF WHAT COUNTRY:
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		4.3.41.
LARKINS THOMAS		SusiE ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Hill A BY AU	UNEY 17067	Fanklin St
18. 175x	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	0.0	01	•	- 15
(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea	ise,	ary Veclusion	N	Severol Days
injury or complication which caused deat				7
ANTECEDENT CAUSES	Adenoca	ecinoma Left ov	any with Metalasi	11
DISEASES OR CONDITIONS, IF ANY, GIVE	NG DUE TO	A		14
UNDERLYING CONDITION LAST.	(c) ToTube,	Rt. Overy; Kt. Inguinal	lymph Nodes,	N
				- 0
OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	ED YAGINA, UV	inary Bladder a	nd Rectum	
- I	R FINDINGS OF OPER	ATION LAbbins	4/01/21)	20. AUTOPSY?
21a, ACCIDENT WAS UNDER- 21B. PL	ACE OF INJURY (e. g., i	B or 21c. WHERE DID (If in Baltimore City, giv	yes No
	s, farm, factory, street, office bldg.,			
OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
m.	WHILE AT NOT WHILE AT WORK			
22. I hereby certify that I attended th	e deceased from Dec	ember 4, 1952, to V	eecuster 6, 1957	that I last saw the
		rred at 2:10 A m., from t		date stated above.
Richard H. Hu	ut M.D.	1.631 W. Frank	Cleu St.	12-9-5%
ON, REMOVAL (Pecify)	2 AC. NAME OF CEMETE	BY OF CREMATORY 245 L	OCAHON (City, town, or	r county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNAT	URE	25. FUNERAL DIRECTOR	F	ADDRESS 327 V
LOGAL REGISTRAR	1751" A BA E	M N 12 (1) 1-1	000 1 01	. 0.



100		BALT	TIMORE CITY HE	EALTH DEPART	MENT	*	2 4	
BIRTH NO.	2 11179		CERTIFICATI		Н	Registeree	No.	11/9
1. NAME OF D (Type or Print)	ECEASED	E	Lyti LIZABETH BE	ALL		DATE OF DEATH DEC	. 7,	1952
	City, Maryland	4. USUAL RESID		deceased lived. B. COUNTY	If institu	tion: residence before admission)		
B. FULL NAME HOSPITAL OR INSTITUTION	OF 'f not in hospi	New Jersey c. CITY OR TOWN (If outside corporate limits, write RURAL and gite township) Beach Haven						
c. Length of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDR		l, give location) Village -	Apt.	. 11
5. SEX Female	6.COLOR OR RACE White	WIDOWE	MARRIED, D.DIVORCED (Specify) rried	Oct. 7, 19		AGE (In years last birthday)	If Under I Months	Year If Under 24 Hours Days Hours Min.
Housewife		at home	OF BUSINESS OR INDUSTRY	Missouri		n country)		VHAT COUNTRY
13. FATHER'S				14. MOTHER'S MA				
15. WAS DECEASE	Roy Marti ED EVER IN U. S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	Maude Coo	per	Beach 1	Haven	ss N. J.
yes	World War		OLOOMIT NO.	Mr. John M	. Beall	- Ocean	Side	Village
RISE TO TUNDERLY	S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L	IF ANY, GIVING STATING THE AST. ITIONS CON- NOT RELATED	(B) DUE TO (C)				Deg	
	F OPERATION	28 17 10 18 1 14 X 14 17	INDINGS OF OPER	ATION				20. AUTOPSY?
21A. EXTERN	NAL CAUSE WAS	about home, far:	E OF INJURY (e. g., in	tc.) INJURY OCCU	R?	Baltimore City	, give ex	
21D. TIME (OF INJURY	(Month) (Day) (Year) (Hour) 21	hotel E. INJURY OCCURRE ILE AT NOT WHILE ORK AT WORK		INJURY OC	CUR? Jumpe	ed fro	om 16th
22. I certify that I took charge of the remains described above, held an inspection & inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the and death in my opinion resulted from: natural causes \(\boxed{\bar\bar\bar\bar\bar\bar\bar\bar\bar\bar								reon and from
24a. BURIAL, C TION, REMOVAL (S Removal	248. DATE 12/10/5		Arlington Na		24b. LOCA	rion (City, tow		
DATE DECEME	BYL REGISTRAR	-		25 FONERAL DIR	CTOR		2 1	RESS NIS
151 N	804.2				1 0	Batto	17.	Mid-

the sense of sense



52 11181 BALTIMORE CITY HEALTH DEPARTMENT 52 11181 Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED (Type or Print) 2. DATE NELLE K. BASKETTE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) BANTMORE MARGKAND B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION DALTIMORE. D. STREET ADDRESS (If rural, give location) Yrs. Mos. 727 Northern Parkway c. Length of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years If Under I Year last birthday) Months Days 5. SEX 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) Hours Min. nov. 24 1878 10A. USUAL OCCUPATION (Givekinder) 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? at home Pennsylvania HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James E. Wilders Katherine 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dutes of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mr. Alvin K. Baskette - 727 Northern Pkwy. no INTERVAL BETWEEN 18. -20.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES 10 da ? DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO CONGESTIVE HEART FAILURA OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

NOT WHILE!

WHILE AT AT WORK 22. I hereby certify that I attended the deceased from 12-1

, 19,52, and that death occurred at 4 deceased alive on 12-23A STONATORE

24A. BURIAL. CREMA-TION, REMOVAL (Specify)

Removal1

12/12/52 REGISTRAR'S SIGNATURE

Juntavalors

Arlington National Cem. 25 FUNERAL DIRECTOR

24c. NAME of CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county)

Arlington

1952 to 12 -8

Rm., from the causes and on the date stated above. 23c. DATE SIGNED

12-8-52

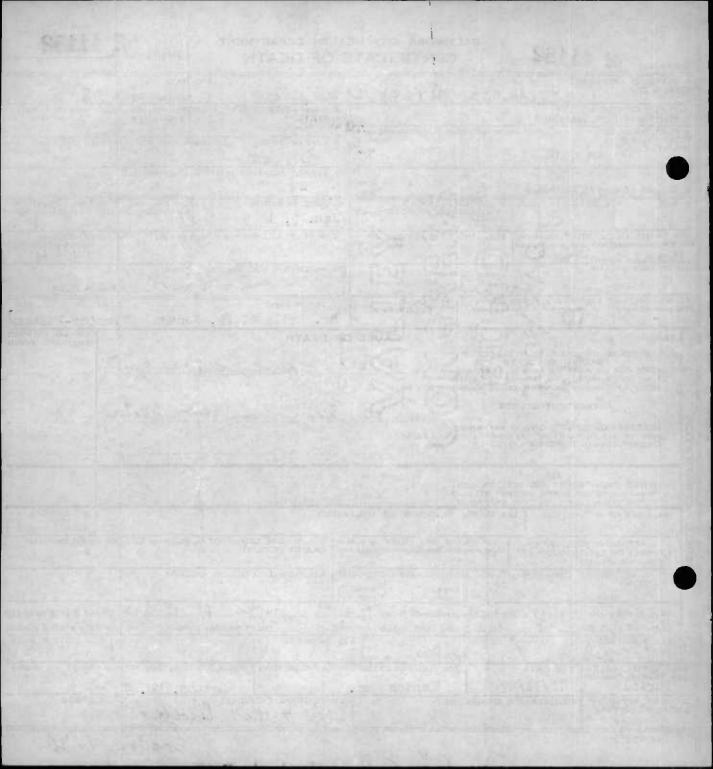
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242	X			
BALTIMORE CITY HI	E OF DEATH Registered No. 11182			
BIRTH NO. 52 11182 CERTIFICAT	E OF DEATH Registered No.			
1. NAME OF DECEASED (Type or Print) Nichols ANN C	tarey 2. DATE OF DEATH 12-8-52			
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission before admis			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)		zive		
INSTITUTION 4. H.	Denton			
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)			
c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED.				
WIDOWED DIVORCED (Specify)	Jan. 8, 1885 9. AGE (In years If under I feat If under I feat	lin.		
10A. USUAL OCCUPATION (Give kind of More done during most of working life, even if retired) IOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT-COUNTRY	RY1		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Ranka Saulsberry			
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Mr. Ellis Clark, Fundral Director-Eastor	d.		
18. 433./ CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEA	EEN		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONSE! AND DEA	AIH		
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Jo cardial injury	*****		
ANTECEDENT CAUSES				
O DISEASES OR CONDITIONS, IF ANY, GIVING	COLOR OF CLASSICA	••••••		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED				
TO THE DISEASE OR CONDITION CAUSING IT.	RATION 20. AUTOPSY			
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bidg.	YES NO			
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., CAUSE OF DEATH				
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR				
m. WHILE AT NOT WHILE MY WORK AT WORK		-		
22. I hereby certify that I attended the deceased from deceased alive on 19, and that death occu				
	23B. ADDRESS 23c. DATE SIGNE			
24a. BURIAL, CREMA-1 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (Stat	te)		
24a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 12/11/52 Denton Cem.		,		
DATE RECEIVED BY REGISTRAR'S SIGNATURE	20. FUNERAL DIRECTOR ADDRESS			
EC 9-1952 - 4 + Nethous 2	X. Tiles warne			
VS 150	Easton, Ma.			
I G F A A				



7	35					X	
	2 1118	33	BAI	CERTIFICAT	EALTH DEPARTMENT OF DEATH	NT Segistered N	2 11183
1.	NAME OF D	ARCHER	GREEN 1	BUNTIN		2. DATE OF DEATH DEC.	9, 1952
A.		City, Maryland			A. STATE Wingini	Where deceased lived, If i	
B. HO IN				Service street address or location)	c. CITY OR TOWN	(If outside corporate limits	, write RURAL and give township)
3		k. Drive & 31		Yrs. Mos.	D. STREET ADDRESS		
	SEX M	tay in Baltimore 6.COLOR OR RACE W	7. SINGL	E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	Under 1 Year If Under 24 Hours this Days Hours Min.
MOL	A. USUAL OC done during most	CUPATION (Give kind of of working life, even if retired)	7.7	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S I	pert L. Bunti	n.		14. MOTHER'S MAIDER Fannie Robe		USA
15 (Ye	. WAS DECEAS s, no or naknowa)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Records- US F	PHS Hospital, Ba	odress alto, Md.
ERTIFICATION	(This does heart failus in jury or DISEASE. RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEAT s not mean the mode of the asthenia, etc. It mean complication which of ANTECEDENT CAUS SOR CONDITIONS, IITHE ABOVE CAUSE (A) YING CONDITION LA	FH f dying, e. 1 f dying, e. 1 s the diseas aused death SES F ANY, GIVIN STATING TE ST.	(B) BOV	ostatic carcinomeralized metas wel and urinary th hydronephros	tasis. obstruction	4 yrs.
U	TRIBUTING TO THE O	TO THE DEATH, BUT	NOT RELATI	ŁD .	RATION		20. AUTOPSY?
EDICAL		DENT WAS UNDER- R CONTRIBUTING	218. PL/ about home,	ACE OF INJURY (e. g., i farm, fectory, street, office bldg.,	in or 21c, WHERE DID (otc.) INJURY OCCUR?	(If in Baltimore City, g	YES X NO Live exact location)
		(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK		URY OCCUR?	
		TURE DEC. 9	7952 Huvu	er z	. 8 ,19 52 to rred at 12:25 Pm., fro 238. ADDRESS S PHS Hospital,	Dec. 9, 1952 m the causes and on the	that I last saw the e date stated above. 23c. DATE SIGNED 12/9/52
24 TI		CREMA 248. DATE Specify 12/12/5		24c. NAME OF CEMETE	RY OR CREMATORY 24	D. LOCATION (City, town,	
	ATE RECEIVE DEC 1 0		signati	Villiams My	WAN J. TICKIN		ADDRESS ATH PIEMV
	VS 150 /	33 <u>%</u>	Ø ·	5 2 0 0	1117	4	

Lucia allegation and design Macana will be a property of the state of th

Baltimore

D. STREET ADDRESS (If rural, give location)

URRICANE

1816 E. Baltimore Street

9. AGE (In years If Under I Year I Under 24 Hours last birthday) Months: Days Hours Min.

BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTR

before admission)

ONSET AND DEATH

20. AUTOPSY

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

St. Agnes Hospital

10B. KIND OF BUSINESS OR INDUSTRY

7. SINGLE, MARRIED.

IARRIED

WAITEESS 13. FATHER'S NAME

6. COLOR OR RACE

White

c. Length of stay in Baltimore

Female

clearly

causes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) NO

DISEASE OR CONDITION DIRECTLY

ANTECEDENT CAUSES

DUE TO

DUE TO (C)

WUPOWED, DIVORCED (Specify)

16. SOCIAL SECURITY NO.

Yrs. Mos.

Days

17. INFORMANT

CAUSE OF DEATH

ADDRESS

LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19B. MAJOR FINDINGS OF OPERATION

218. PLACE OF INJURY (e.g., in or

about home, farm, factory, street, office bldg., etc.)

Highway

Skull fracture

21c. WHERE DID

(If in Baltimore City, give exact location) Route 1 at Guilford, Maryland

OF I	e e	JURY .	195	2	4:00	À
					took charge	0

21D. TIME (Month) (Day) (Year) (Hour)

19A. DATE OF OPERATION

21A. EXTERNAL CAUSE WAS UNDERLYING ☼ OR CONTRIB-UTING ☐ CAUSE OF DEATH.

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,

NOT WHILE

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR? Passenger in auto and auto collision

23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR

INJURY OCCUR?

f the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry and death in my opinion resulted from: natural causes \(\), accident \(\), suicide \(\), homicide \(\), undetermined \(\).

24D. LOCATION (City, town, or county)

24A. BURIAL, CREMA-TION DEMOVAL (Specify) BURIAL

DATE RECEIVED BY

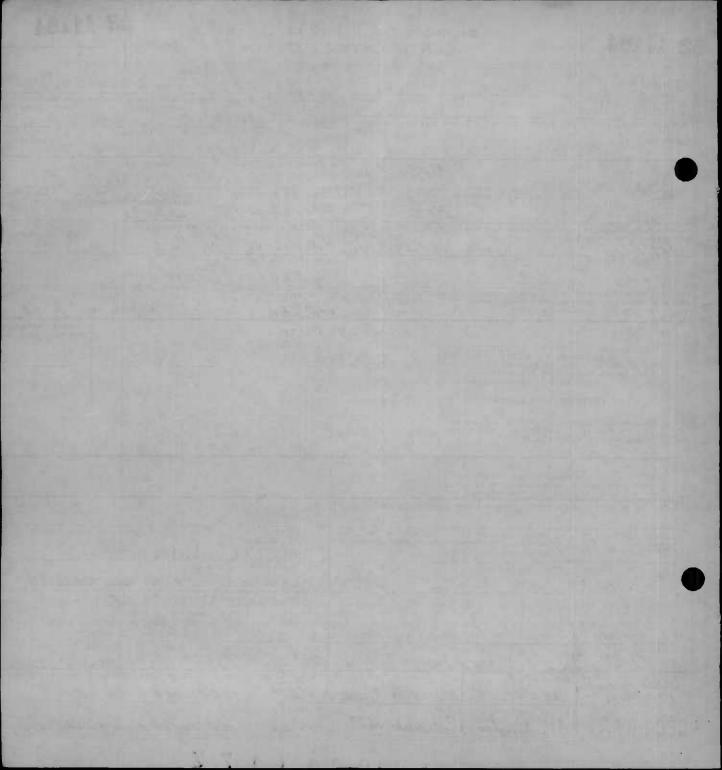
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240 NAME OF CEMETERY OR CREMATORY

FUNERAL DIRECTOR

800 E. LOMBARD ST.

23c. DATE SIGNED



52 11185 BALTIMORE CITY HEALTH DEPARTMENT 11185 Registered No.-CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) KAUKMAN DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION = umores D. STREET ADDRESS (If rural, give location) Yrs. c. Length of stay in Baltimore Doxe 9. AGE Un years 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 1 Year If Under 24 Hours 8. DATE OF BIRTH last b(rthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) married 10A. USUAL OCCUPATION (Give kind of work aged during most of working life, oven if retired) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTR WHAT COUNTRY? House wife 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL 17 NFORMANT **ADDRESS** (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 420.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH orondou

injury or complication which caused death.) ANTECEDENT CAUSES

19A. DATE OF OPERATION

CAUSE OF DEATH

OF INJURY

21A. ACCIDENT WAS UNDER-

LYING OR CONTRIBUTING

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT.

(This does not mean the mode of dying, e.g.,

heart failure, asthonia, etc. It means the disease,

DUE TO

(C) ..

(A)

DUE TO

19B. MAJOR FINDINGS OF OPERATION

about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour)

21B. PLACE OF INJURY (e. g., in or

21E. INJURY OCCURRED

Vollacus, M.F.

22. I hereby certify that I attended the deceased from. , 1952, and that death occurred at 2:45 Pm., from the causes and on the date stated above. descased glive on DAC 23A. SIGNATURE

annel 24A BURIAL, CREMA-

24B. DATE

untinglow

our

REGISTRAR'S SIGNATURE

24c. NAME OF CEMETERY OR CREMATORY aleava

21F. HOW DID INJURY OCCUR?

195/, to 2) re

Arteriosclerotic Heart

21c. WHERE DID

INJURY OCCUR?

25. FUNERAL DIRECTOR

249. LOCATION (City, town, or eounty)

(If in Baltimore City, give exact location)

23C, DATE SIGNED

30 muss

20. AUTOPSY

YES

. 195 that I last saw the

ADDRESS

VS 150

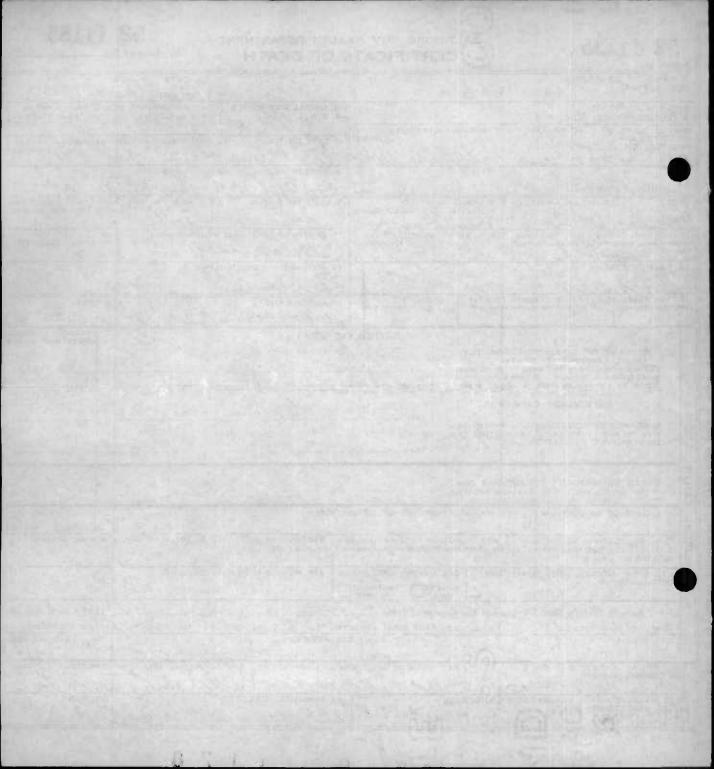
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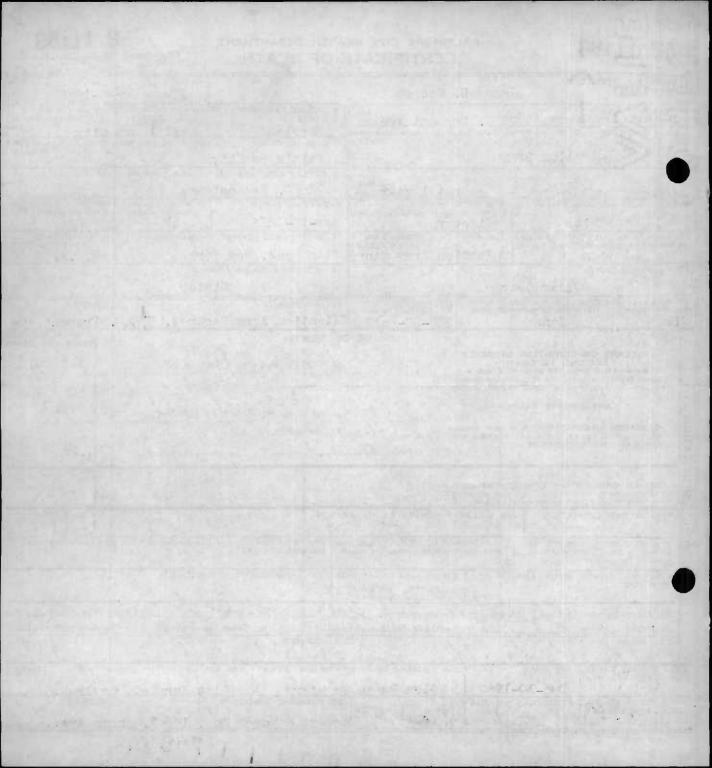
BALTIMORE CITY HEALTH DEPARTMENT

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5	2	1.1	1	35
Registered	No.			

101	DELL NO	1.00		CERTIFICATI	E OF DEATH	Registered	No.				
_	NAME OF D	ECEACED									
	ype or Print)		Tames R	. George		OF DEATH DO	c-8-1958	2			
3.	PLACE OF D	EATH:)F C 73	A = A	4. USUAL RESIDENCE (Where deceased lived, I		residence			
B.	FULL NAME	City, Maryland og	al or institut	remont Ave	Maryland			re admission)			
H	STITUTION			location	Maryland Baltimore City c. CITY OR TOWN (If outside copporate limits, write RURAL and s						
- 6	SITIOTION	Salvation Arm	ny		Baltimore Cit;		0/	township)			
				Yrs.	D. STREET ADDRESS (1:						
		tay in Baltimore	ab	out 1 year Days	925 S. Fremon	t Ave.					
5.	SEX	6. COLOR OR RACE		E, MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year	Hours Min			
	Male	White	Wido		May-19-1888	64	Tonum Days	1100113			
10	A. USUAL OC	CUPATION (Give kind of	10B, KINE	OF BUSINESS OR	11. BIRTHPLACE (State or :	foreign country)	12. CITIZ				
wori	Sale	of working life, even if retired)	Salvat	ion Army Store	Blackhook, New	Vork	U.S.	COUNTRY?			
13	. FATHER'S N		Dell Velu	TOU WIND DOOLS	14. MOTHER'S MAIDEN N		1 0.5	А,			
				R							
		Oscar Geo			f f R	itter					
(Ye	. WAS DECEASI	ED EVER IN U. S. ARMEI (If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
	No	None		328-07-5611	Salvation Army Re	ecords, 925	S. Fremo	ont Ave			
	18. 42:	2.1			OF DEATH		INTERV	AL BETWEEN			
		E OR CONDITION	DIRECTLY	1		1/	ONSET	AND DEATH			
		LEADING TO DEA	TH	//	Mmonari Edama 3.40bs						
	heart failu	re, asthenia, etc. It mea	ns the diseas	e,	0						
	injury or	complication which	aused death	.) DUE TO	1 1		1900				
	ANTECEDENT CAUSES					11 14000 /01	109	nI.			
Z	DISEASES OR CONDITIONS, IF ANY, GIVING						<i>g</i>				
7	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	HE DUE TO KEON	+ Knoem						
Y	UNDERLY	ING CONDITION LA	ST.	(C)		*****					
CERTIFICATION											
E	OTHER C	II IGNIFICANT CONDI	TIONS CO.								
ER	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D							
U		ISEASE OR CONDITION		Maria Carlo							
٦	19A. DATE C	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		1	AUTOPSY?			
CA	10015		1 04- DI	CE CE IN WERE (Lot- Wilson Bin	(Talle Delile - Cite	YES	No L			
EDICAL		ENT WAS UNDER CONTRIBUTING DEATH		ACE OF INJURY (e. g., ir farm, factory, street, office bldg., e		If in Baltimore City,	give exact	location)			
		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	D 21F. HOW DID INJUR	Y OCCUR?					
	OF INJURY			WHILE AT NOT WHILE		,					
			nı.	WORK AT WORK	51 0		7				
	22. I hereb	y certify that I dtt			7 , 1952, tole			last saw the			
	deceased a	linepople.	_, 19	and that death occur		the causes and on					
	23A. SIGNA	TURE /	M	1) 2	38. ADDRESS	λ / Λ	23c. DA	TE SIGNED			
	\mathcal{L}	11-11ug-	1///		642 Noch. L)1- T		9-5-2.			
710	A. BURIAL, (S	CREMA- 24B. DATE pecify)		24c. NAME OF CEMETE	RY OR CREMATORY 24D. I	LOCATION (City, tow)	n, or county)	(State)			
	Burial	Dec-10-	1952	Glen Haven	Gemetery G	Len Burnie.	arvland	1.			
D	ATE RECEIVE	D BY REGISTRAR	S SIGNATU		25. FUNERAL DIRECTOR		ADDRESS				
-	CAL REGIST	11087-1-	aton /	Villiams, Mys.s.	tewart & Mowen Co	., 108 W. No	nth Arre	9			
=	VG 150	J. J. J. Janes Den	7	7 0	Jones D. Worlett OC		A CII AVE	2.0			
	VS 150			400	6A 1	7 Ci & #1.					
		IN THE STREET		- 6	000						



Registered No. 11187 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) M 2. DATE 12-8-52 MARY V. HANCOCK OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OF TOWN INSTITUTION ST. AGNES HOSPITAL PARTITIONE Pasadena (PFD) o. STREET ADDRESS (If rural, give location) Yrs. Rr. 49 Mos. FT. SMALLWOOD RD. c. Length of stay in Baltimore Days 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months Days Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH MARRIED 3-1.0-1876 FEMALE 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM CUMBERLAND WHERT, ER LAVINTA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) (Yes, no o unknown) SECURITY NO. Rasadena (11) 18. 443 x and 154X CAUSE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION EDICA 218. PLACE OF INJURY (e. g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office hldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY NOT WHILE . 1952 that I last saw the 22. I hereby certify that I attended the deceased from 11-30 deceased alive on 12-8 , 19 52 and that death occurred at 3 m., from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24B. DATE Glen Hoven 1541-101 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

especially important,

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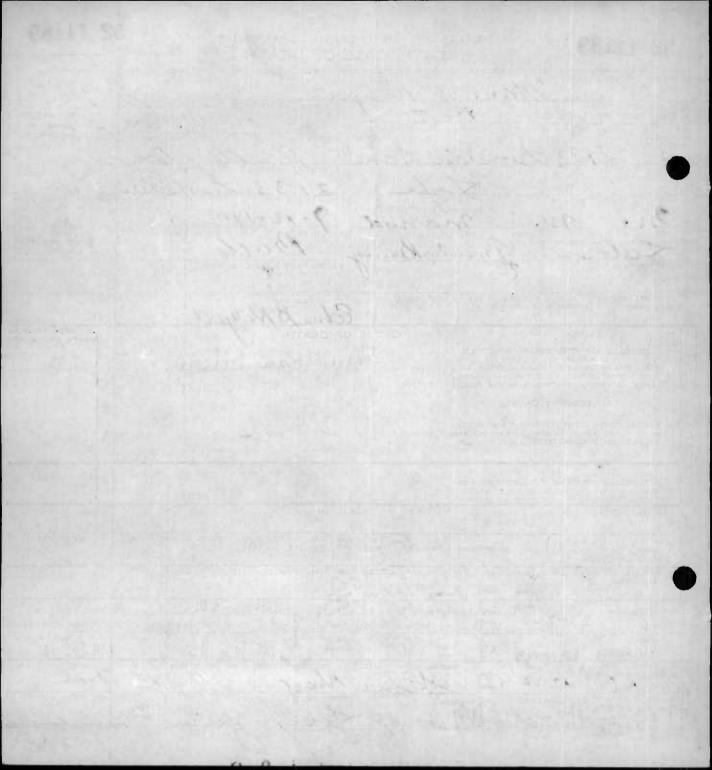
BALTIMORE CITY HEALTH DEPARTMENT 11188 Registered No CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASEO 2. OATE 10654 (Type or Print) OF OEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY A. Baltimore City, Maryland A STATE before admission) B. FULL NAME OF 'f not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give legibly. Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIEO, WIOOWEO, DIVORCEO (Specify) 8. OATE OF BIRTH If Under 1 Year 9. AGE (In years) If Under 24 Hours and last birthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? clear work done during most of working life, even if retired) INOUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT AOORESS (Yes, no or unknown) SECURITY NO. causes INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Imoury 6mbolus (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEOENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE d UNDERLYING CONDITION LAST. Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. OATE OF OPERATION YES A important. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE OID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNCERLYING [] OR CONTRIB about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING [] CAUSE OF CEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW OID INJURY OCCUR? OF INJURY WHILE ATT NOT WHILE! especially WORK AT WORK 22. I certify that I took charge of the remains described above, held an _ thereon and from Autopsy Anspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \square , accident \square , suicide \square , homicide \square , undetermined \square . 13 23c. DATE SIGNED 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER...... ASSISTANT MEDICAL EXAMINER.... age MEDICAL INVESTIGATOR. 24A. BURIAL, CREMA- 24B. OATE 246. N. ME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) 1116 Hellin DATE RECEIVED BY 25 FUNERAL OIRECTOR AOORESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR 151

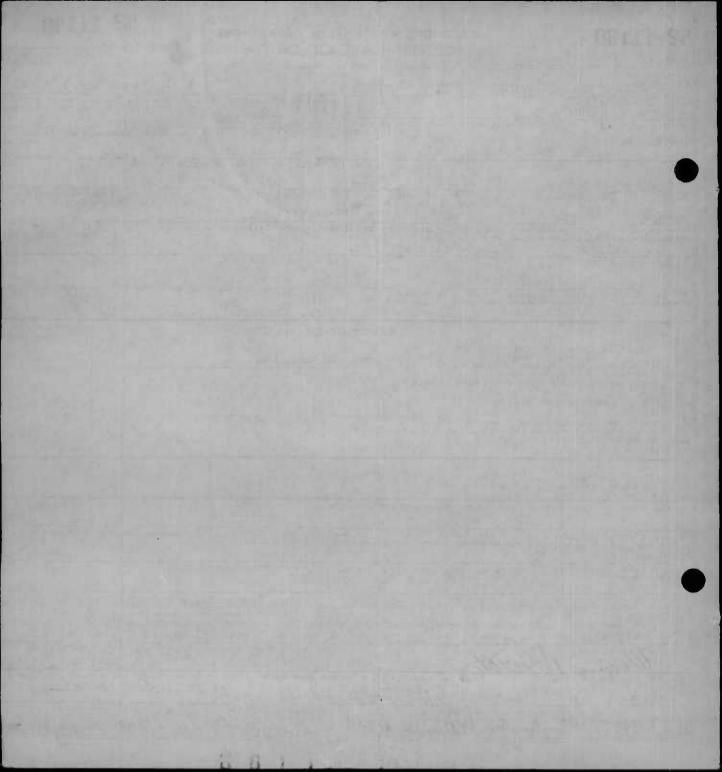
Horn Tabet 12-2-52 a To have say Fubelies Thereto let letter with ALCO A CONTRACTOR Comme a Court 100

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A STATE B. COUNTY A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (in years) If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED DIVORCED (Specify) 10B. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) NDUSTRY WHAT COUNTRY aborer Imal um K meriod 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 1amil INTERVAL BETWEEN CAUSE OF DEATH 420.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH COLWOW (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED CE TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES EDICA 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21D, TIME (Month) (Day) (Year) (Hour) 21F. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE 6 IM 42 1950 to 4 Ut 6 22. I hereby certify that I attended the deceased from_ , 1951, that I last saw the 3.00 m., from the causes and on the date stated above. deceased alive on_ ___, 19 11 , and that death occurred at 23A. BIGNATURE 23CADATE SIGNED Wall DUI VMMA 6 24A. BURIAL, CREMA 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) (State) 12-12-5 Burta DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 150





Registered No. 11131 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH Dec. 8, 1952 John Harry Holler or Harry John Holler 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 2806 Pelham Ave. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mog c. Length of stay in Baltimore 2806 Pelham Ave. Dave 6. COLOR OR RACE | 7. SINGLE, MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | If Under I Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Oct. 24, 1890 Married 10A. USUAL OCCUPATION (Givekind of II. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Police Balto. . City Baltimore, Md. II. S. A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Holler Amelia Silber 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give wer or dates of service) 17. INMORMANTICA Marie Holle MODRESS 16. SOCIAL 6-28-1792 No 2806 Pelham Ave. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Hypertensive cardiovascular diseesse. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED CEI TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES | 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT 22. I hereby certify that I attended the deceased from Oct. 20 195219, to Dec. 8, 1952, that I last saw the deceased alive on Dec. 7 1952 and that death occurred at 7 a.m., from the causes and on the date stated above. 23A. SIGNATURE 701 N. Kenwood Ave. 23c. DATE SIGNED Dec. 8.1952 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) 24B. DATE

Burial Dec. 11, 152 Parkwood Cemetery Baltimore City

DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR Sander & Sons, especially Sons, especially and North Aye. & Broadway

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One of the parkwood Cemetery Baltimore City

DEC 10, 152 Parkwood Cemetery Baltimore City

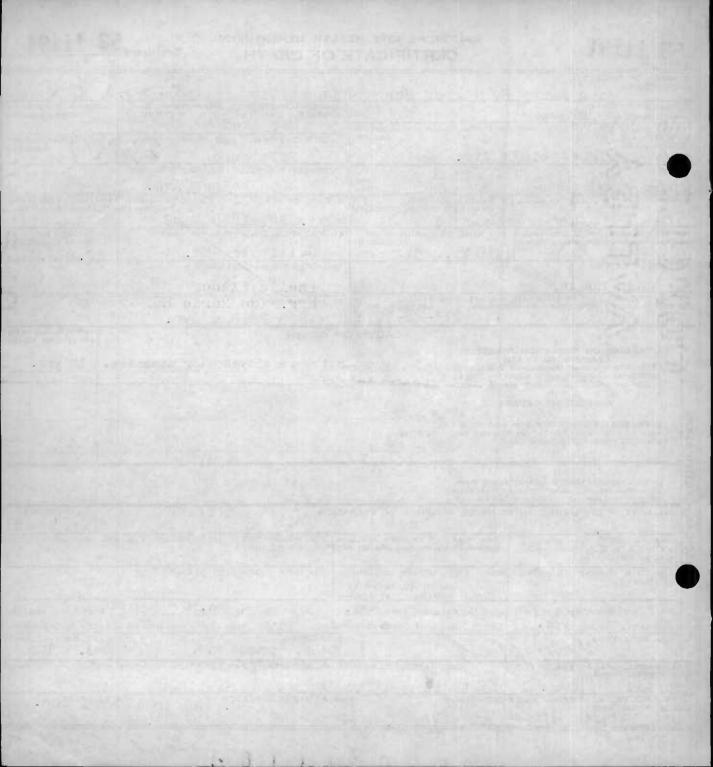
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR Sander & Sons, especially and the parkwood Cemetery Baltimore City

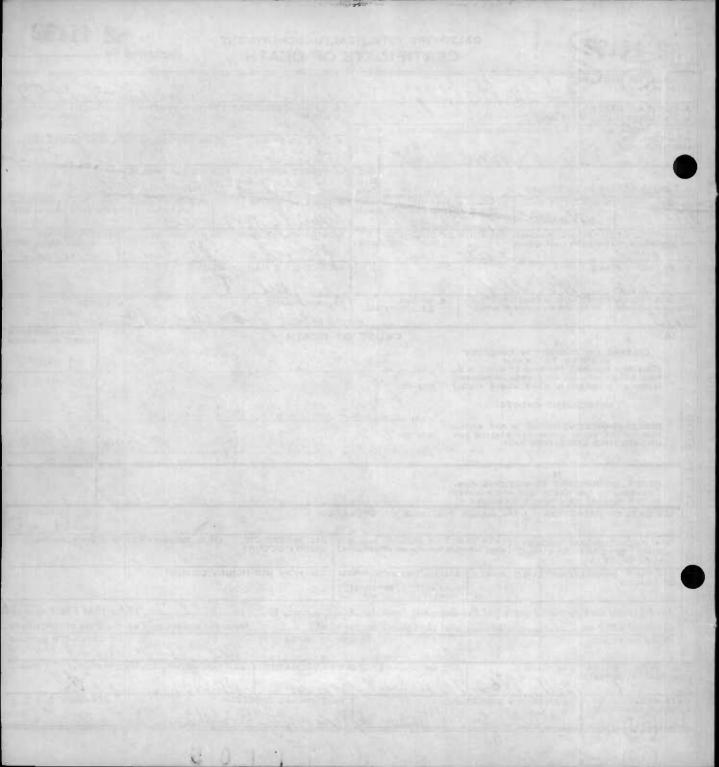
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR Sander & Sons, especially and the parkwood Cemetery Baltimore City

DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR Sander & Sons, especially and the parkwood Cemetery Baltimore City

North Aye. & Broadway

VS 150





BALTIMORE CITY HEALTH DEPARTMENT 11193 CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) olo. OF DEATH Lean 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITAL (If rural, give location) D. STREET ADDRESS Yrs. Mog Louis 2 3 2002. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | If Under | Year | If Under 24 Rours | last birthday) | Months; Days | Hours : Min. WIDOWED, DIVORCED (Specify) remale 10-14-01 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 177 Cangling 13. FATHER'S NAME 14. MOTHER'S MALDEN NAME lo celimn 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL NFORMANT ADDRESS (Yes, no or unknown) JOHNS HOPKINS HOSPITAL SECURITY NO. Vience 18. 223X CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e, g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION. 20. AUTOPSY 12.2.52 YES NO meninguma 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Alc. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! AT WORK 12-2 . 1952 to 12-8 , 1952 that I last saw the 22. I hereby certify that I attended the deceased from_ . 1952, and that death occurred at 520 cm., from the causes and on the date stated above. deceased alive on 12-8 238. ADDRESS OPKINS HOSPITAL 23A, SIGNATURE 23c. DATE SIGNED 12-8-5 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c, NAME OF CEMETERY OR CREMATORY! 240. LOCATION (City, town, or county) 24B. DATE مرو لمراء عرب عود دي

25. FUNERAL DIRECTOR

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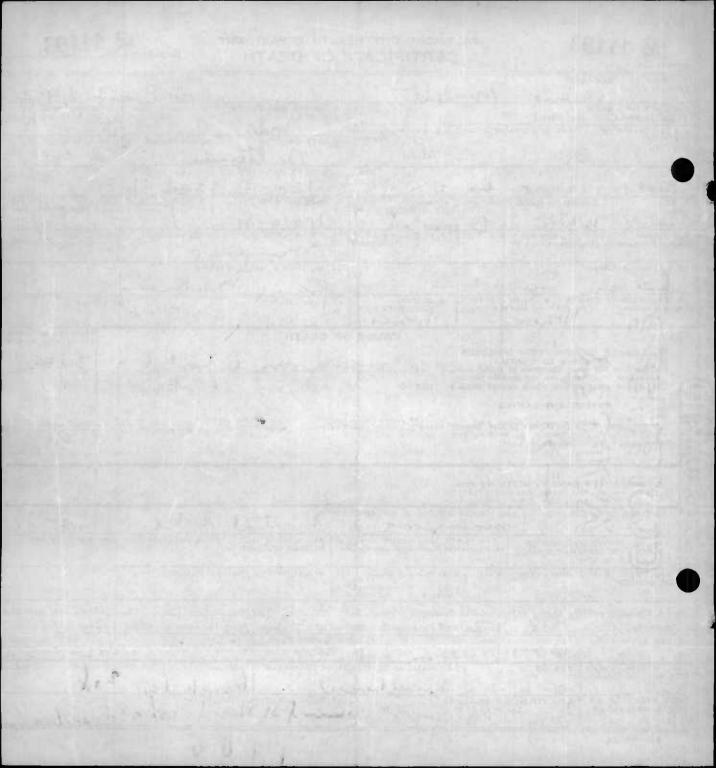
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LOCAL REGISTRAR

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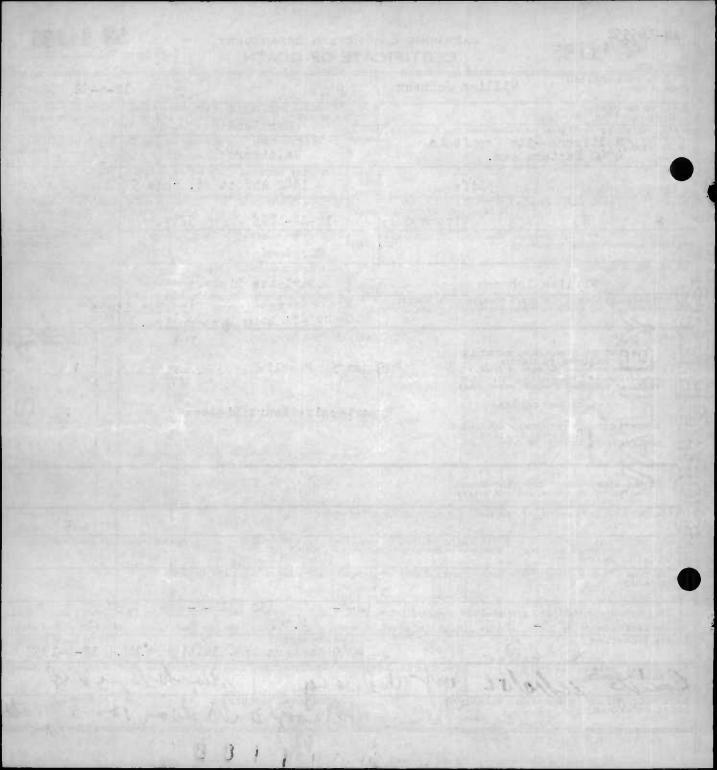
52 11194 52 11194 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Earle Harrison DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. SITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4.17 Street Soulla D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Davs 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 9. AGE (In years | Winder | Year | Winder 24 Hours | last birthday) | Months: Days | Hours | Min. 8. DATE OF BIRTH If Under 24 Hours 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF york done during most of working life, even if retired) INDUSTRY WHATCOUNTRY 13. FATHER'S NAME IN 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or detes of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 200.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING□ OR CONTRIBUTING□ CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE AT WORK , 19 1, to m. from 22. I hereby certify that I attended the deceased from 11-#2 12 -9 19 V, that I last saw the deceased alive on 12-9 m., from the causes and on the date stated above. 23A. SHONATURE 23c. DATE SIGNED on sale M. D. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c, NAME of CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 12-12-52 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS OCAL REGISTRAR

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AB-165552 52 11135 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE William Johnson OF 12-5-52 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OBALTIMORE City Hospitals
1940 Eastern Ave. location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1642 Abbott St. zone 5 Life c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH last birthday) Months Days Hours Min. 9. AGE (In years) 10-24-1895 Divorced 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Johnson Charlotte Dickerson 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or detes of service) 16. SOCIAL 17. INFORMBAltimore City Hospitaless (Yes, no or unknown) SECURITY NO. Records: 4940 Eastern Ave. INTERVAL BETWEEN 18. LL 3X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., Pulmonary Embolism heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Hypertensive Heart Disease DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY YEST 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from 12-4-19 52 that I last saw the 152 and that death occurred at 4.40Pm., from the causes and on the date stated above. deceased alive on 12-5-23A. SIGNATURE 23c. DATE SIGNED 4940 Eastern Ave. Baltimore, Md. TERY OR CREMATORY 24D. LOCATION City own, or cou BURIAL CREMA-REMOVAL (Specify) STELL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR VS 150

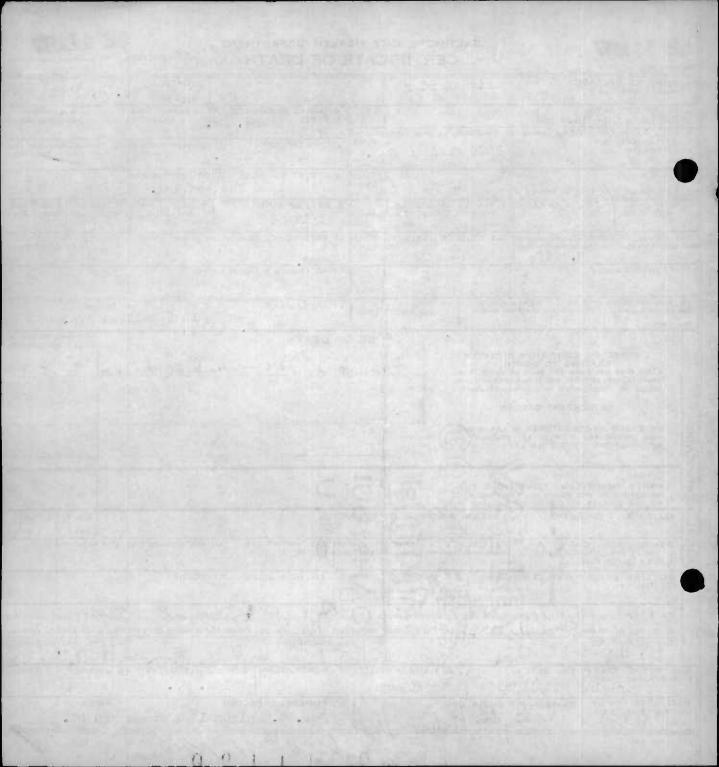
especially important.



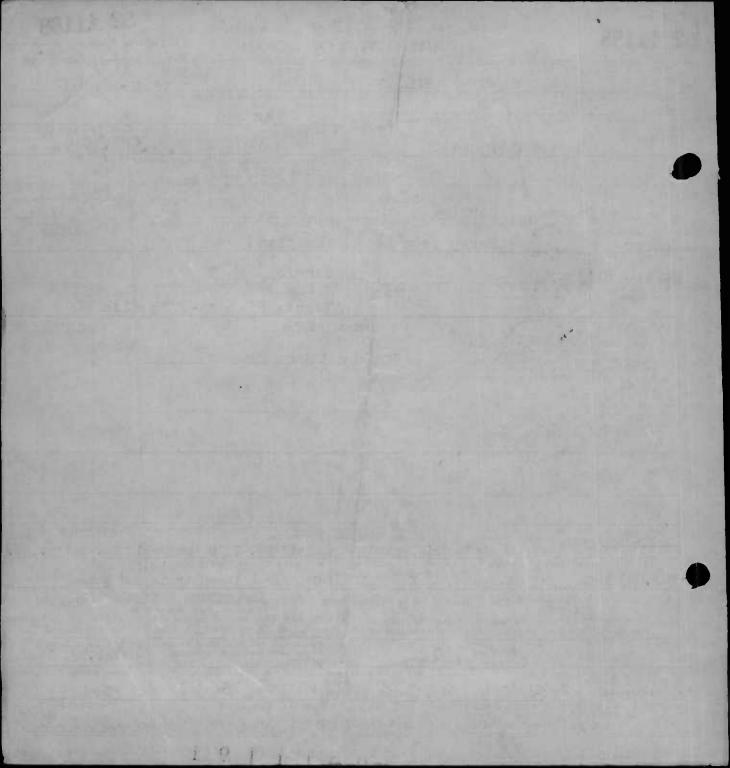
Registered No. 11136 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO . NAME OF DECEASED 2. DATE OF DEC (Type or Print) NISON 4/USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admissi 3. PLACE OF DEATH: A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, HOSPITAL OR JOHNS HOPKINS HOSPITAL (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give o. STREET ADDRESS (If rural, give location) legibly. Yrs. Mos. 20 S. CAMOLINE c. Length of stay in Baltimore Davs and 7. SINGLE, MARRIED 5. SEX 6. COLOR OR RACE 9. AGE (In years | ff Under I Year | ff Under 24 Hours | Iast birthday) | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) clearly 10A. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work do during most of working life, even if retired) INDUSTRY ilain 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Jo 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. causes m INTERVAL BETWEEN CAUSE OF DEATH and oorx ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Sepremous cel carriou write heart failure, asthenia, etc. It means the disease, of the lung injury or complication which caused death.) ANTECEDENT CAUSES please (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING□ OR CONTRIBUTING□ CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE! 22. I hereby certify that I attended the deceased from 11-30-1952 to 12 - 7- , 1952 that I last saw the deceased alive on 12-7-, 1952, and that death occurred at 4A4 m., from the causes and on the date stated above. 238. ADDRESS TONS HUSPITAL 23c. DATE SIGNED 23A. SIGNATURE 24c. NAME OF CENETERY OR CREMATORY | 24o. LOCATION (City town, or county) 25 JUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE VS 150

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52 11137 BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED Etta Carter 2. DATE (Type or Print) Dec. 8, 1952 OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1626 Wadison Ive. Balto. Yrs. D. STREET ADDRESS (If rural, give location) Life Mos. 1626 Madison Ave. c. Length of stay in Baltimore Days 5, SEX 9. AGE (In years If Under 1 Year last birthday) Months Days Hours Min. 6. COLOR DR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) 1/19/34 death clearly IOA. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) USA WHAT COUNTRY? INDUSTRY H. Wife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. 1626 Madison Ave. causes INTERVAL BETWEEN 18. 422.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, the write injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO Physicians: (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. YES L 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING (If in Baltimore City, give exact location) 21c. WHERE DID INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 2 F. HOW DID INJURY OCCUR? especially AT WORK 22. I hereby certify that I attended the deceased from the , 19 that I last saw the . 19 ________ deceased alive of 19 \ and that death occurred at o A.m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 20 age 24A. BURIAL, CREMA-24D. LOCA DON (City, town, or county) 24B. DATE 24c. NAME OF CEMETERY OF CREMATORY correct Balto. Md. Mt Auburn. Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS PECAL REGISTRAR Geo. G. Kelson 1303 Presstman St. Iuntryston VS 150



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52 11199 BALTIMORE CITY HEALTH DEPARTMENT Registered No_ CERTIFICATE OF DEATH BIRTH NO. MLB. 165639 1. NAME OF DECEASED 2. DATE (Type or Print) OF Mary Williams Cruse DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH B. COUNTY A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR Baltimore ity Hospitals location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4940 Eastern Ave Baltimore D. STREET ADDRESS (If rural, give location) Vra 802 Leadenhall St Life c. Length of stay in Baltimore Days 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years If Under I Year last birthday) Months Days Hours Min. 6. COLOR OR RACE April 4, 1905 Female Negro Widowed 10A, USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Isreal Williams Martha Jones 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) SOCIAL 17. INFORMANT SECURITY NECOTAS: Baltimore City Hospitals 16. SOCIAL ADDRESS (Yes, no or nakkown) lolo Eastern Ave INTERVAL BETWEEN 18. 490X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Lombar Pneumonia heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Diabetes Mellitus DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ERTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER ā LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT 22. I hereby certify that I attended the deceased from 12-7-. 19 52 to 12-8-

20. AUTOPSY YES (If in Baltimore City, give exact location)

_, 1952, that I last saw the deceased alive on 12- 8- 19 52, and that death occurred at 4:10 . A. Hom the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 4940 Eastern Ave. Balto. Md.

24c. NAME OF CEMETERY OF CREMATORY | 24b. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Gurial

28 FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR untinglow 150

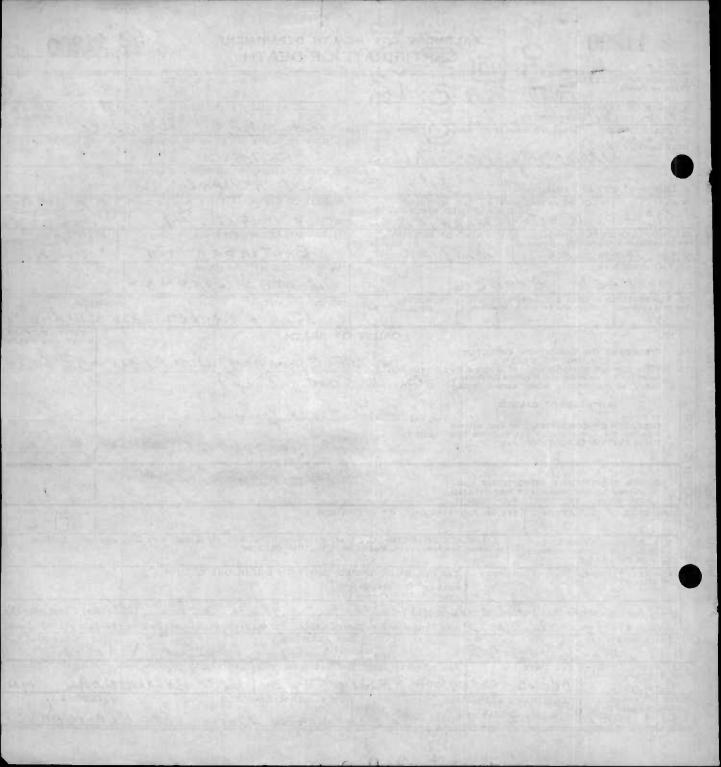
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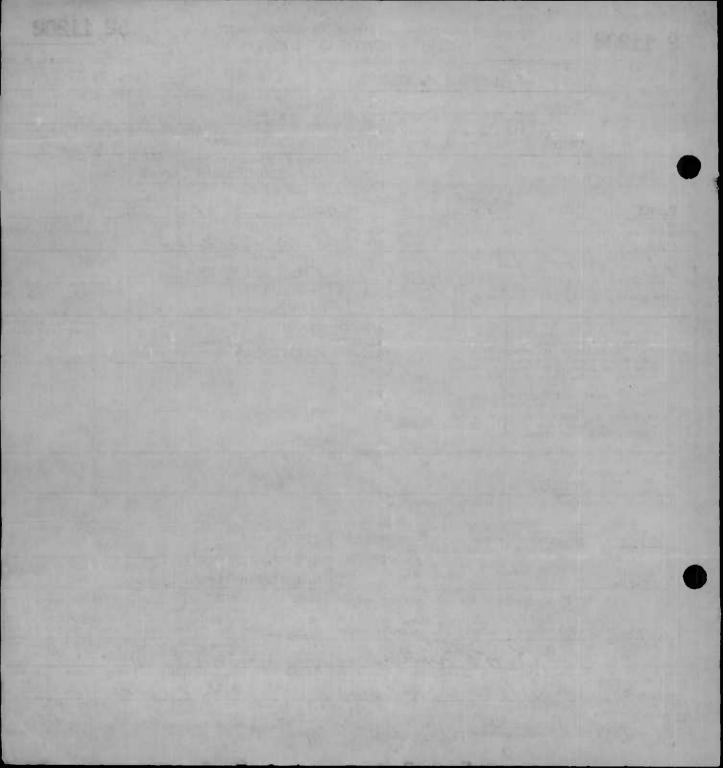
52 112nn 52 11200 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE (Type or Print) OF 12-8-52 FREDRICK M BRUDER DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) BALTIMORE MARULANI B. FULL NAME OF (If not in hospital or institution, give street address or C. CITY OR TOWN (If outside corporated imits, write RURAL and give HOSPITAL OR location' INSTITUTION BALTIMORE D STREET ADDRESS (If rural, give location) Yrs. Mos. 2304 ASHLAND c. Length of stay in Baltimore Days 9. AGE (In years If Under I Year last birthday) Months Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 5. SEX MALE WHITE JULY 11 1911 MARRIED 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givakiod of IOB, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of worklog life, aveo if retired) INDUSTRY WHAT COUNTRY? BALTIMORE MU GASOLING FILLING STATION OWNER U.SA. 13, FATHER'S NAME 14. MOTHER'S MAIDEN NAME MICHAEL BRUDER. BERTHA GOSSMAN. 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yas, giva war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. CONSTANCE BRUDER 2304 ASHLAND INTERVAL BETWEEN 18. 420.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY ACUTE CORONARY INFARCTION LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease. (anterior lateral) injury or complication which caused death.) ANTECEDENT CAUSES aute heart failure DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, streat, office bidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE 1952, to 12-3, 1952, that I last saw the 22. I hereby certify that I attended the deceased from 12 - 6 deceased Alive on 12-8 23A, SIGNATURE 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY DEC 12 1952 HOLY REDEEMER CEM 4430 BELAIR ROAD BURIAL REGISTRAR'S SIGNATURE DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR 1800 ELOMBARDST VS 150

Physicians:



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	2 11201		EALTH DEPARTMENT	52	11201
В	RTH NO.	CERTIFICAT	E OF DEATH	Registered No	
	ype or Print) Root or	Oliven	F.X -ahr)	2. DATE OF DEATH	9 - 50
	PLACE OF DEATH: Baltimore City, Maryland	Balto.	4. USUAL RESIDENCE (Who		tution : residence before admission)
H	FULL NAME OF (If not in hospital or i DSPITAL OR ISTITUTION	nstitution, give street address or location)		tside corporate limits, w	
	1)30	Bank St.	Ba	1+02-	O 2 township)
6	Length of stay in Baltimore	10 Yrs. Mos. Days	D. STREET ADDRESS (If ru	ral, give location)	
5.		INGLE, MARRIED, IDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years Months Months	
	A. USUAL OCCUPATION (Give kind of 10 B	SING OF STISINESS OR	May 13 1886 11. BIRTHPLACE (State or fore	ign country) 12.	CITIZEN OF
WOK	Luch ev.	Patricts School	Galwar Ire	eland.	U. S. A.
13	MICHAEL FOLK		14. MOTHER'S MAIDEN NAM	ie.	
	. WAS DECEASED EVER IN U. S. ARMED FOR		17. INFORMANT	ADDR	ESS
	No	Nohe	Brother Ferdir	ond 1730	Bank SL
	18. 420,1 DISEASE OR CONDITION DIRE		OF DEATH		DNSET AND DEATH
	(This does not mean the mode of dying	Ig, e. g., (A)	nacy Herombo	-2-0	rho.
	heart failure, asthonia, etc. It means the injury or complication which caused	death.) DUE TO			
z	ANTECEDENT CAUSES	(B) arteur	at huperturno		mot
FICATION	DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT. UNDERLYING CONDITION LAST.	GIVING			
ICA	ONDERETING CONDITION LAST.	(C)			
ERTIF	OTHER SIGNIFICANT CONDITION	S CDN.	Magrae maga		
CEF	TRIBUTING TO THE DEATH, BUT NOT I	RELATED			
1	19A. DATE OF OPERATION 19B. M	AJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
DICA		B. PLACE OF INJURY (e. g., it home, farm, factory, street, office bidg.,		in Baltimore City, give	exact location)
ME	CAUSE OF DEATH				
C	21D. TIME (Month) (Day) (Year) (Hour OF INJURY	WHILE AT NOT WHILE		OCCUR?	
	22. I hereby certify that I attende	d the deceased from	-10 1957, to D	ee 9 1952 TH	at I last saw the
	deceased alive on Dec 9 , 19	and that death occur	rred at 9:30 m., from the	causes and on the d	ate stated above
	23A. SIGNATURE	M. D.	416 Bafferm	The Am	3c. DATE SIGNED
2. TI	AA. BURIAL, CREMA- 24B. DATE	24C. NAME OF CEMETE		ATION (City, town, or c	ounty) (State)
D	ATE RECEIVED BY REGISTRAR'S SIG	2 Cathedr	L25. FUNERAL DIRECTOR	derick lid	DRESS
	DEC 1 0 1000 Hunting	on Williams MG	Dingel Rien	1800 E La	handa
_	VS 150		Artes inco.	A	
	414	5091	38411	**	

52 11202 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE Dec. 7, 1952 MARY LANGER DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland if not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore South Baltimore General Hosp. p. STREET ADDRESS (If rural, give location) 410 Sanders Street Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years of Under 1 Year of Under 24 Hours last birthday) Months: Days Hours: Min. WHOOWED, DIVORCED (Specify) White Female 10A. U\$UAL OCCUPATION (Givek nd of PARTHPLACE (State or foreign country/ clearly 10B. KIND OF BUSINESS OR 12. CITIZEN OF work doneduring most of working life, eyen if retired) INDUSTRY WHAT COUNTRY finale 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Craniocerebral injury (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21c. WHERE DID 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-INJURY OCCUR? Riverside Ave. & West Street street OTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED Pedestrian struck by auto 22. I certify that I took charge of the remains described above, held an .. autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \Box , accident Δ , suicide \Box , homicide \Box , undetermined \Box . 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER 1 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER Dec. M.D. MEDICAL INVESTIGATOR ... 24A. BURIAL, CREMA-24C, NAME OF CEMETERY OR CREMATORY | 24D, LOCATION (City, town, or county) TION, REMOVAL (Specify June DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR



correct age is capeum; monorum, raysicians; please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

52 11203

В	IRTH NO.		800	CERTIFICAT	E OF DEAT	Н	Registere	ed No	
	NAME OF D Type or Print)		CATE JU	IBB			2. DATE OF DEATH DE	cember	9. 1952
A.		City, Maryland			4. USUAL RESIDE	ENCE (Wh		d. If institution	
H	FULL NAME OSPITAL OR NSTITUTION	3200 Dudley		tion, give street address or location)	Maryland c. CITY OR TOWN Baltimore	(If or	utside corplique l	inits, write R	(RAL and give township)
C.	Length of s	tay in Baltimore		Yrs. Mos. Days	3200 Dudl)	
	emale	6.COLOR OR RACE	WIDOV	E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH Nov. 12, 186		9. AGE (In years last birthday)	li Under I Year Months Day	s Hours Min.
10 wor	NOUSE NOUSE	CUPATION (Give kind of of working life, even if retired) WIIE	own h	ONE INDUSTRY	Baltimore,			12. CITI WHA	ZEN OF AT COUNTRY
13	3. FATHER'S N	NAME			14. MOTHER'S MA	IDEN NAM	1E		
		Adam Byer			Katherine				
(Ye	5. WAS DECEASE es, no or unknown)	D EVER IN U. S. ARMED (If yee, give war or deter	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
_	18. 42				Mrs. Emma W	hitney	, 3200 Du		NAL BETWEEN
ERTIFICATION	DISEASES RISE TO TI UNDERLY OTHER S TRIBUTING	LEADING TO DEAT not mean the mode of re, asthenia, etc. It mean complication which of ANTECEDENT CAUS SOR CONDITIONS, IF HE ABOVE CAUSE (A) 'ING CONDITION LA III IGNIFICANT CONDITION TO THE DEATH, BUT	ns the disear aused death test of the state	NG (B) CO	onary conary in Schi	sill orsh	lusio grosio gurali Leni Oit		
CAL C		F OPERATION 1		FINDINGS OF OPER	ATION		<u>//////</u>	20. YES	AUTOPSY?
EDIC,		ENT WAS UNDER- R CONTRIBUTING	218. PL.	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	n or 21c, WHERE D	R? (If	in Baltimore Cit		
	21D. TIME (OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		INJURY	OCCUR?		
	deceased al		ended the	deceased from and that death occur	red at HA m., 3B. ADDRESS		causes and or	n the date s	ATE SIGNED
Z. TI	4A. BURIAL, CON, REMOVAL (S burial	24B. DATE 12/11/5		24c. NAME OF CEMETE Parkwood Cem	RY OR CREMATORY	24D. LOC	CATION (City, to		
LOL	ATE RECEIVED	D BY REGISTRAR'	SIGNATI		25. FUNERAL DIRI Wm. Cook	ECTOR	imore Cou .,1217 St	ADDRES	SS
	VS 150		9	N 7	0011	1	9 6		

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

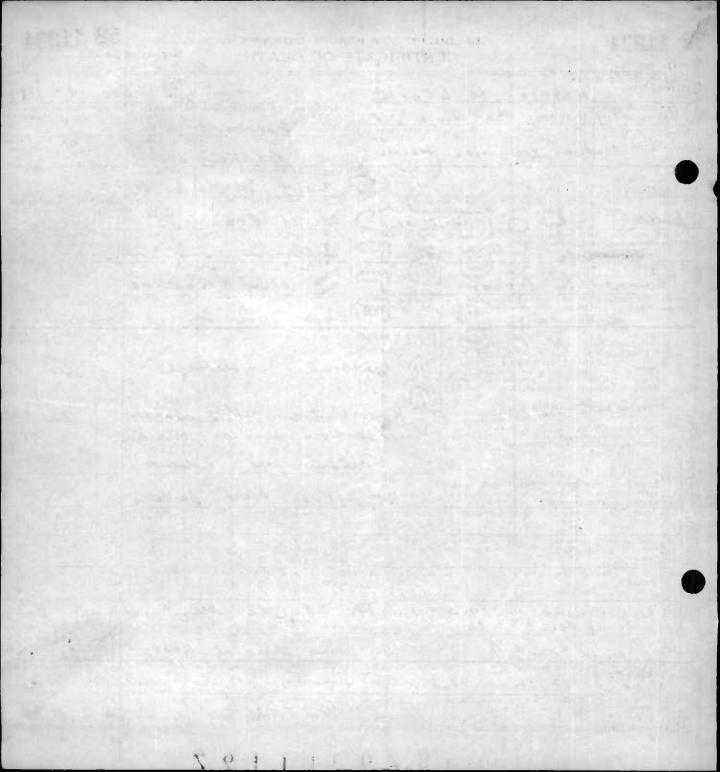
BALTIMORE CITY HEALTH DEPARTMENT

52 11204

В	IRTH NO.		CERTIFICAT	E OF DEATH	Regist	tered No.
	NAME OF DECEASED				2. DATE	
(1	Type or Print) H oc++	ie M.	Linck		OF DEATH	Dec. 9th 1952
	PLACE OF DEATH:		imore 18		(Where deceased)	lived. If institution; residence
-	Baltimore City, Maryland		ition, give street address or	A. STATE Balling	ene, Me	
L LI	OSDITAL OD		location)			te limits, wall I CRAL and give
11	NSTITUTION Musica	lum vio	e Haspital	Bach		township)
		1	- Yrs.	D. STREET ADDRESS		tion)
	Length of stay in Baltimo		Mos. Days		Charles	
5.	SEX 6.COLOR OR R.	WIDO	E. MARRIED. WED, DIVORCED (Specify)	DEC. 21, 1876	last birthd	ears H Under 1 Year H Under 24 Hours lay) Months Days Hours Min.
10	A. USUAL OCCUPATION (Give)		D OF BUSINESS OR	11. BIRTHPLACE (State of		12. CITIZEN OF
wor	k done during most of working life, even if re	etired)	INDUSTRY	.0		WHAT COUNTRY?
15	Housewife B. FATHER'S NAME	- I com	Home	Ballimore,		y
15	-	1		14. MOTHER'S MAIDEN	1 -	
	I Rumas N.	Green		MARY!	4. Rollin	15
(Ye	5. WAS DECEASED EVER IN U.S. A	RMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	unkunon			Buton M. Len	cle, 109 8	2 Cameron Road
	18. 443X		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDIT	ON DIRECTLY				ONSET AND DEATH
	(This does not mean the m	DEATH ode of dving, e.	E. (A) Cense	brock huma	whece	Mr. 28.
	heart failure, asthenia, etc. I injury or complication wh	t nieans the disea	ase,	11).		
			,	"		ACATOM MANAGEMENT
Z	ANTECEDENT	DAUSES	Huper	Linnice on Le	inschar	6'0 000 95
0	DISEASES OR CONDITIO	NS, IF ANY, GIV	ING	timpice ante		
AT	UNDERLYING CONDITION	N LAST.	THE DOE TO	ion v = v on ou z	an ocisi	are 1952,
2			0.	' Learner age	a dieser a	
F	П		(C)	12000	Luma	·
ER	OTHER SIGNIFICANT CO TRIBUTING TO THE DEATH, TO THE DISEASE OR COND	BUT NOT RELAT	TED Care l	estive hears	fails:	ne
	19A. DATE OF OPERATION		R FINDINGS OF OPER	RATION		20. AUTOPSY?
Y						YES NO A
EDIC	21A. ACCIDENT, SUICIDE. HOMICIDE (Specify)		ACE OF INJURY (e.g., i ,farm,factory,street,officebldg.,		(lf in Baltimore	City, give exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	JRY OCCUR?	
	OF INJURY		WHILE AT NOT WHILE			
		m.	WORK AT WORK			
	22. I hereby certify that.	l attended the	e deccased from	, 1952, to	oec. 9	, 19 12 that I last saw the d on the date stated above.
	deceased alive on Dec.	7 - 19 - 2			n the causes an	
	23A. SIGNATURE BLA	de la		Micun Munni	al Hospil	42 Dec. 85
2.	AA. BURIAL, PRMA- 248, DA	TE	24c, NAME OF CEMETE	RY OR CREMATORY 240	. LOCATION (City	
11	BURIAL 12/	12/52	Codas Still	emetery a	une arus	del 60. md
		RAR'S SIGNAT	URE,	25. FUNERAL DIRECTO		ADDRESS

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	2 1120	05			EALTH DEPARTM		Registered	2 11205
	BIRTH NO.			CERTIFICAT	E OF DEATH		Registered	No
	1. NAME OF D (Type or Print)		E A.A	PARYEY			DATE OF DEATH	49152
	a. Baltimore	EATH: City, Maryland			A. STATE		deceased lived, I	f institution : residence before admission)
	B. FULL NAME HOSPITAL OR	OF (If not in hospi	tal or instituti	on, give street address of location			ide corporate lim	ite, write RURAL and give
I.y.	INSTITUTION	- makelande				Clora	brunde	Courty township)
regibly	c. Length of s	tay in Baltimore	/	Yrs. Mos. Days	18 Old C	S (If rural	give location)	Sad 5200
an	5. SEX	6. COLOR OR RACE		MARRIED Specify	8. PATE OF BIRTH	2	AGE (In years last birthday)	If Under 1 Year I Under 24 Hours Conths Days Hours Min.
clearly	10A. USUAL OC ork doneduring most	CUPATION (Give kind o of working life, even if retired	10B. KIND	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stary	te or foreig		12. CITIZEN OF WHAT COUNTRY
	13. FATHER'S	NAME	1 000	4 · · · · ·	14. MOTHER'S MAIL	EN NAME		, ac
death	<u> </u>	tredanick	ROE	hulsin	anna	a an	edrew.	1
0 110	Yee, no or unknown)	ED EVER IN U. S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17, INFORMANT Voseph J. No	ZAVFU	1804	Co. Wid.
causes	18. 44	3× .		CAUSE	OF DEATH	7		INTERVAL BETWEEN
the	DISEA	SE OR CONDITION		P.	0-0 41	lan ad L	Read	0 - 04 0 0
write t	heart failt	s not mean the mode are, asthenia, etc. It me complication which	of dying, e. g	e.	ugazz / C		age_	apport.
- 11	Z ANTECEDENT CAUSES Respertensive Orteres						school	25 agree
is: please	RISE TO T	S OR CONDITIONS. THE ABOVE CAUSE (A' YING CONDITION L) STATING TH		rdiovescu	lar d	Disease	15 years
ciar	(C)							
Physicians:	TRIBUTIN	G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	.0				
	19A. DATE C	F OPERATION	19B. MAJOR	FINDINGS OF OPE	RATION 4			20. AUTOPSY?
tan	21A. ACCIDE	ENT, SUICIDE,		CE OF INJURY (e.g.,			Baltimore City,	give exact location)
	HOMICIDE	(Specify)	about home, fe	arm, factory, street, office bldg.	,etc.) INJURY OCCUR?	- 17-7		
y in	21D. TIME OF INJURY	(Month) (Day) (Year		21E. INJURY OCCURE		NJURY OC	CUR?	
iaii			m,	WORK NOT WHILE	1, 30		10.1	
espec	deceased			deceased from 12 and that death occu		toto rom the co	nuses and on	that I last saw the the date stated above.
IS	234. SIGNA		bland		23B. ADDRESS	· Ho	putal	23c. DATE SIGNED
age-	24A. BURIAY.	GRENA 248. DATE	, 2	24c. NAME OF CEMET	ERY OR CREMATORY	7	TION (City, town	n, or county) (State)
correct	BUTIA DATE RECEIVE	1 . 71	2/52	Park	wood		Rulle	Md.
cor.	LOCAL REGIST		'S SIGNATU	1/11·	125. FUNERAL DIRECT	a /2/	7.86 D	. O . X
1	VS 150	1402 114	Lugions	VYLLIAMA, A	THE COUNTY SEE	5/3/	oli Jau	C-C 6/
	13.00		9					

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correct age is especially important. Physicians: please write the causes of death clearly and regibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52 11206

В	RTH NO.									
(T	NAME OF DE	1 mar	u m	amie	201	rski		OF DEATH	ec. 8	,1952
	PLACE OF DE Baltimore C	City, Maryland	1 Bal	to- 0	ita	4. USUAL RESID	ENCE (Who	re deceased live B. COUNT		on : residence efore admission)
H	FULL NAME (OF (If not in hospit	al or instituti	on, give street	address or location)	c. CITY OR TOWN	(If ou	tside corporate	limits, write I	URAL and give
IN	STITUTION 2	248. Was	hing	tons	+.	Balto		7	-01	township)
-	Length of st	tay in Baltimore	POD		. Yrs. Mos.	2 2 4	ESS (If rui	al, give ation	n) +	2+
-	SEX	6. COLOR OR RACE		, MARRIED.	Days	8. DATE OF BIRTH	H S	AGE (In/year	s If Under 1 Year	or If Under 24 Hours Lys Hours: Min.
3	emale	White	.M.	Labour-	el	Sept, 24-	1892	60) Months Da	ys Hours Min.
wor!		CUPATION (Give kind of f working life, even if retired)	10B. KIND	OF BUSINE	SS OR NDUSTRY	11. BIRTHPLACE	State or fore	ign country)		IZEN OF
13	FATHER'S N	IAME	1 or our	sowife	2	14. MOTHER'S MA	AIDEN MAM	E		
	Loure	nce 2 am	sins	61						
15 (Ye	. WAS DECEASE , no or unknown)	D EVER IN U.S. ARMEI	D FORCES?	16. SOCIAL SECUR	ITY NO.	17. INFORMANT			ADDRESS	0
	10 183 4					George So	taski	103M.	treeps	ERVAL BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY		CAUSE	OF DEATH				ET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,									
	injury or	complication which	aused death.) DUE TO						
7		ANTECEDENT CAUS	SES							
TION	RISE TO TH	OR CONDITIONS, I	STATING TH	3	***************************************		•••••••••••	*****************	*******	***************************************
	UNDERLY	ING CONDITION LA	AST	(C)				***************************************		
TIE		11								
CERTIFICA	TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE!	9						
J	A comment		9в. MAJOR		OF OPER	ATION			20	AUTOPSY?
EDICA	21A. ACCIDI	ENT WAS UNDER-	21B. PLA	CE OF INJU	RY (e. g., i	n or 21c. WHERE D	OID (If i	n Baltimore C	ity, give exac	
ED		CONTRIBUTING		rm, factory, stree						
	21D. TIME (Month) (Day) (Year)		1E. INJURY		ED 21F. HOW DID	INJURY C	CCUR?		
			m.		NOT WHILE					
deceased alive on Sec. 8, 1952, any that death occurred at 10:45n. From the causes and on the dat										
	23A. SIGNAT	URE	, , , ,	Har	2/1 2	3B. ADDRESS	, on the	candoo ana c	23c. I	DATE SIGNED
2.	4A. BURIAL, C	REMA- 24B. DATE	M. 1	4c. NAME OF	F CEMETE	3023 Fag	tarn /	ATION (City, t	own, or count	
TI	SILVAR (SI	Dec 13		Holy	RA	saru.	Bal	Ito C	T, 2	not.
	ATE RECEIVED	BAR REGISTRAR	S SIGNATU	101210		25. FUNERAL DIR	RECTOR	1.	ADDRE	śs
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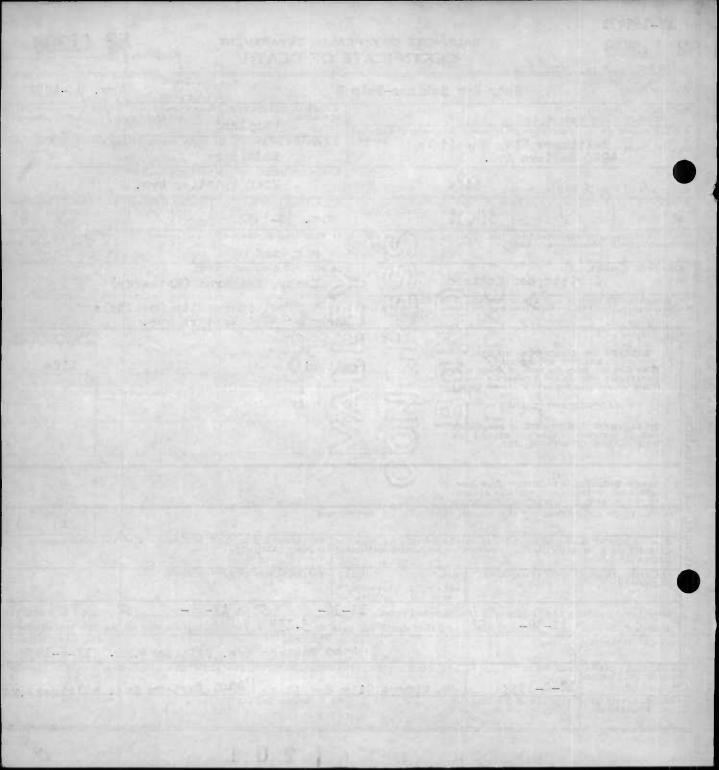
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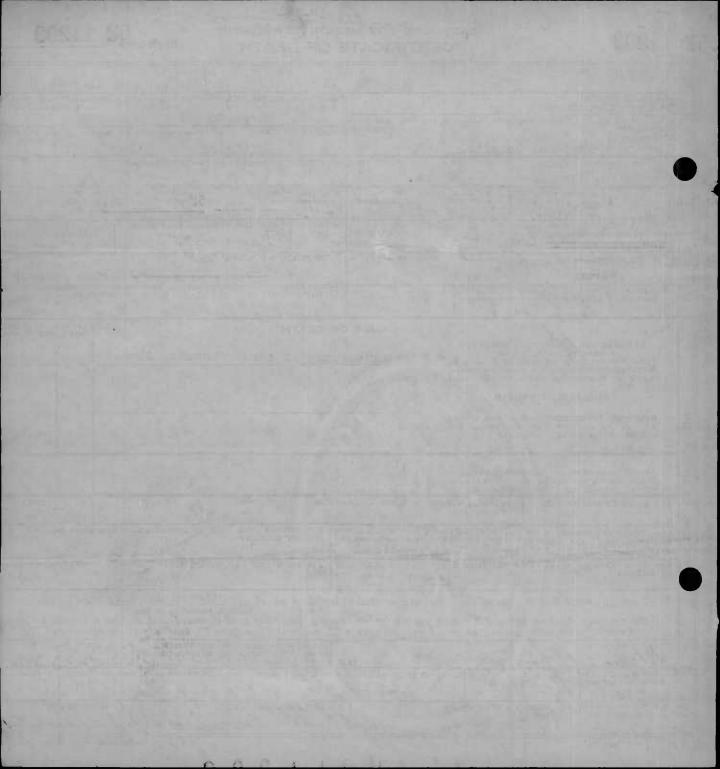
3	B-165430 11207 IRTH NO. 5	2-302			EALTH DEPARTMENT	52 Registered No.	11207
1.	NAME OF D Type or Print)		by Boy	Kokinos-Twin	'A"	2. DATE OF DEATH Dec.	1-1952
A.		City, Maryland	tal on inatify	ution, give street address or	4. USUAL RESIDENCE (V A. STATE Maryland		
H	OSPITAL OR NSTITUTION	Baltimore C 4940 Easter:	ity Hos	spitals location	c. CITY OR TOWN (If Baltimore	642	write DARAL and give township)
C.	Length of s	tay in Baltimore	I	Yrs. Mos. Days	D. STREET ADDRESS (If 2000 Whit		
5	. sex M	6.COLOR OR RACE		LE. MARRIED, WED, DIVORCED (Specify 16	8. DATE OF BIRTH Nov. 30-1952	9. AGE (In years If Un last birthday) Mont	der I Year If Under 24 Hours hs Days Hours Min. 12 7
wor	DA. USUAL OC k done during most o	CUPATION (Give kind o of working life, even if retired	10B. KIN	D OF BUSINESS OR INDUSTRY	Maryland		2. CITIZEN OF WHAT COUNTRY?
13	3. FATHER'S 1	Christophe:	r Kokin	nos	14. MOTHER'S MAIDEN N. Esther Kats	^{AME} aras(Katsaros)	
(Ye	5. WAS DECEASE 25, no or unknown)	ED EVER IN U.S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMAN Baltimo Records: 4940 Ea	re City Has APE	RESS 215
ERTIFICATION	(This does heart failu injury or DISEASES	E OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAU S OR CONDITIONS, HE ABOVE CAUSE (A)	TH of dying, e. ans the diser caused dear SES IF ANY, GIV	y .g., (A) Prema ase, th.) DUE TO	OF DEATH turi ty		Life
U	TRIBUTING TO THE D	IGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION	NOT RELATE	TED	RATION		20. AUTOPSY?
EDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH	21B. Pl	LACE OF INJURY (o.g., e, farm, factory, street, office bldg.	io or 21c. WHERE DID (I	If in Baltimore City, giv	YES NO De exact location)
	21D. TIME OF INJURY	(Month) (Day) (Year) (Hour)	21E. INJURY OCCURR		Y OCCUR?	
0	deceased at 23A. SIGNA 4A. BURIAL, ON, REMOVAL (STEMATED ATE RECEIVE	TURE Ha Julia CREMA: 24B. DATE 12-4-5 D BY REGISTRAR	tended th , 19 52 u Ceu 2	e deceased from 11. and that death occu Lu (), M.D. 24C. NAME OF CEMETE Baltimore Cit	730- , 1952, to 12 rred at 12-15AM, from to 23B. ADDRESS 4940 Eastern Ave. ERY OR CREMATORY 24B. Lety Hospitals 4940 25. FUNERAL DIRECTOR	Baltimore Md. OCATION (City, town, or DEastern Ave.	date stated above. 23c. DATE SIGNED 12-6-1952 county) (State)
=	VS 150	1352 - Time	ington	Williams, M.	1		

correct age is especially important. Physicians: please write the causes of death clearly and legibly,

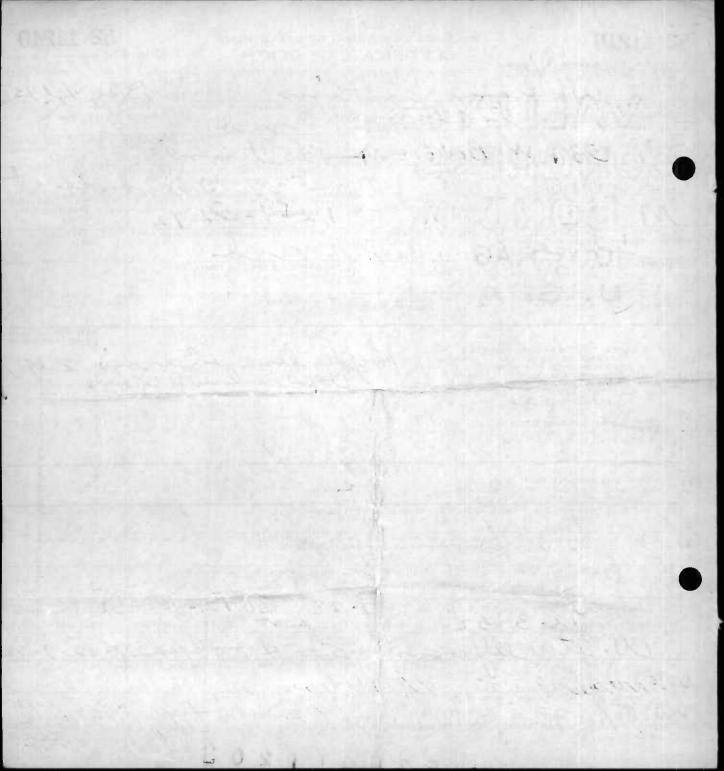
A TOTAL OF THE REAL PROPERTY. (upranto trasserome frail ,

AB-165431 Registered No. 11208 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 52 -1. NAME OF DECEASED 2. DATE (Type or Print) Baby Boy Kokinos-Twin B OF Nov. 30-1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals C. CITY OR TOWN (If outside corporate limits, write RURAL and give (ownship) 4940 Eastern Ave. Baltimore p. STREET ADDRESS (If rural, give location) Yrs. Life Mos. 2000 Whittier Ave. c. Length of stav in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED, 9. AGE (In years If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Nov. 30-1952 5 clearly 10A. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME death 14. MOTHER'S MAIDEN NAME Christopher Kokinos Esther Katsaras (Katsaros) 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMBALtimore City HospitaPess SECURITY NO. Records: 4940 Eastern Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY ONSET AND DEATH LEADING TO DEATH (This does not mean the mode of dying, e.g., Prematurity Life heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES K 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? especially 22. I hereby certify that I attended the deceased from 11-30-1952 to 11-30- 152 that I last saw the deceased alive on 11-30-, 1952, and that death occurred at 5.15Pm., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED S 4940 Eastern Ave. , Baltimore, Md. He John Hey 12-6-1952 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMAcorrect 12-4-1952 Baltimore City Hospitals | 4940 Eastern Ave. Baltimore Md Cremated DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR 0 1050 1 Juneaux low VS 150





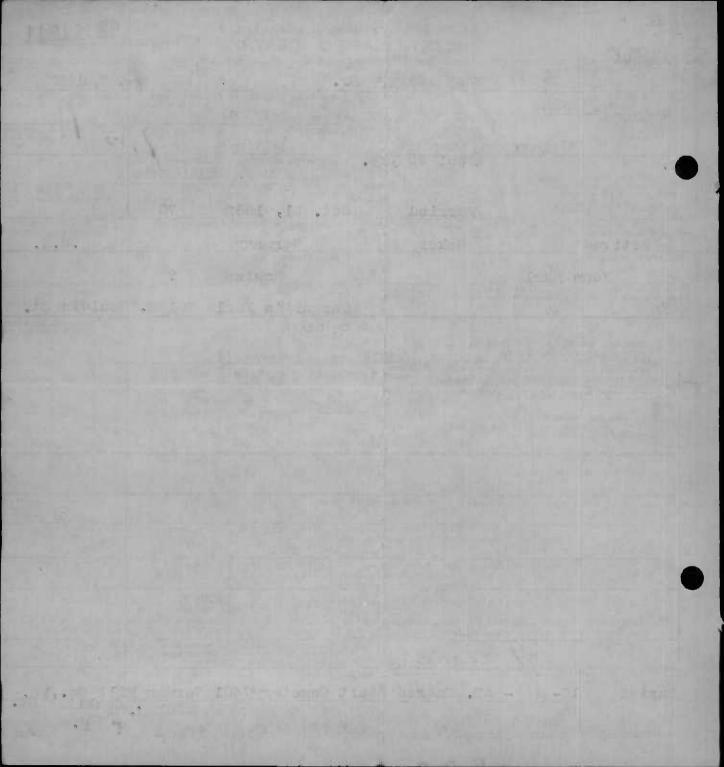
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1 3	52 1121	.0			EALTH DEPARTM			2 11240
	BIRTH NO.			CERTIFICAT	E OF DEATH		Registered No)
	1. NAME OF DE (Type or Print)	Willi	an	Vans	tims		OF BEATH	e 4.1957
	3. PLACE OF DE a. Baltimore C	ity, Maryland	12a	atumos	4. USUAL RESIDEN			stitution : residence before admission)
l l	B. FULL NAME (HOSPITAL OR INSTITUTION			on, live street address of location		(If outside	le corporate imits,	vrite RUPAL and give
	00	537 W	· B1	dfle sx	Batt	in	9	(township)
legibly	. Length of st	ay in Baltimore		Yrs. Mos. Days	537	of (If rural,	give location)	dle st
an	M	6. COLOR OR RACE	WIDOW	MARRIED, EDOIVORCED (Specify	8. DATE OF BIRTH	52° 1		nder I Year If Under 24 Hours the Days Hours Min.
clea	ork done during most of	CUPATION (Give kind of we king life, even if retired)	Deda	OF BUSINESS OR INDUSTR	No VI	2	country) 1	2. CITIZEN OF WHAT COUNTRY?
deat	3. FATHER'S N			Je.	14. MOTHER'S MAIL	DEN NAME		
causes of	(es, no or unknown)	D EVER IN U. S. ARMED (If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		AD	DRESS
Physicians: please write	heart failur injury or DISEASES RISE TO TH UNDERLY	not mean the mode of eta, asthenia, etc. It mean complication which eta. ANTECEDENT CAUS OR CONDITIONS, IF ABOVE CAUSE (A) ING CONDITION LASTING CONDITION LASTING TO THE DEATH, BUT IT TO THE DEATH, BUT IT	ns the disease aused death. ES ANY, GIVING STATING THIST.	(B) GE DUE TO (C)	Vascu	lu	Pres	
F 0	TO THE DIS	SEASE OR CONDITION	CAUSING IT		PATION			20. AUTOPSY?
int.		0. 2.0.1.0.1	D. MAJOR	T 111511103 01 01 E	KATION			YES NO
important,	LYING OR	CONTRIBUTING		CE OF INJURY (e. g., arm, factory, street, office bldg.		(If in I	Baltimore City, gi	ve exact location)
	210. TIME (I	Month) (Day) (Year)		TE. INJURY OCCUR		NJURY OCC	CUR?	. 12
cially			m.	WORK NOT WHILE		(17 -	11	~
espec	deceased ali	ve on 12 - 3	195 70	and that death occur	28 , 160 erred at 4.00th., f	rom the ca	uses and on the	that I last saw the date stated above.
2	23A. SIGNAT	ature	el Q.		3 S 4	200		23C. DATE SIGNED
ect age	AA. BURIAL, CO	REMA: 24B. DATE	155 2	4c. NAME OF CEMET	ERY OR CREMATORY	24b. LOCAT	ION (City, town, o	r county) (State)
correct	PATE RECEIVED		SIGNATU	VIII AND	25. FUNERAL DIREC	TOR	7918	D/fill
	VS 150	ogiw.	8	90	299 . 0	0 7	111	au.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 11241

	K H Deck							
	NAME OF D ype or Print)	ECEASED	GEORGE	KARLE S	r.	2, DATE OF DEATH	Dec. 7,	1952
	PLACE OF D Baltimore (EATH: City, Maryland			A. STATE	ENCE (Where deceased B. COU	lived. If instit	
B. Ho	FULL NAME OSPITAL OR		tal or institution,	give street address of location)			De lin its, wr	ite RURAL and give
IN	STITUTION	Baltimore	City Hos	pital		imore	16	township)
			About	55 yrs. Mos.		ESS (If rural, give loca		
		tay in Baltimore		Days		S. Bouldin St		1 Year 16 Herry 24 Herry
	Male	6.COLOR OR RACE White	7. SINGLE, M WIDOWED, Marr	DIVORCED (Specify	Oct. 31, 1	882 last birth	day) Months	1 Year If Under 24 Hours Days Hours Min.
1 C worl	A. USUAL OC	CUPATION (Give kind of working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY		State or foreign country	12.	CITIZEN OF WHAT COUNTRY?
	Reti		Bak	er	Germa			U.S.A.
13	3. FATHER'S 1				14. MOTHER'S MA			
15	S. WAS DECEAS	John Karl	D FORCES? 16	S. SOCIAL	Ros 17. INFORMANT	ina ?		500
(Ye	No or unknown)	(If yes, give war or date	es of service)	SECURITY NO.		Karle 701 S	ADDR	
				CALICE		Maile for a		INTERVAL BETWEEN
	O.t.	SE OR CONDITION	DIRECTLY	CAUSE	OF DEATH			ONSET AND DEATH
		LEADING TO DEA	TH	Bilate	eral pyonephi	rosis		
	heart failt	re, asthenia, etc. It mes	ans the disease,		ess of prosts		•••••	***************************************
		ANTECEDENT CAU		002.10				
	Z DISEASES OR CONDITIONS, IF ANY, GIVING							******
TION		S OR CONDITIONS, 1 HE ABOVE CAUSE (A)		DUE TO				
AT	UNDERLYING CONDITION LAST. (C)							
FICA								
RTIFI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED							
CE	TO THE DISEASE OR CONDITION CAUSING IT.							OO AUTODGVA
1	19A. DATE C	F OPERATION 1	198, MAJOR FI	NDINGS OF OPER	ATION			YES X NO
DICA	UNDERLYIN	NAL CAUSE WAS G OR CONTRIB-	about home, farm,	OF INJURY (e. g., factory, street, office bldg.,			e City, give	
ME		(Month) (Day) (Year	1			INJURY OCCUR?		
	22. I certi	fy that I took char			above, held an	autopsy	th	vereon and from
			The state of the state of			Autopsy, Inspection or	Inquiry	
	and de	ath in my opinion	resulted from	n: natural cause	\mathbb{A} , accident \square ,	said deceased died suicide , homicid	$e \square$, under	$termined \square$.
	23A. SIGNA	TURE	Fish	Ren	ASSISTANT MI	EDICAL EXAMINER EDICAL EXAMINER ESTIGATOR	Dec.	8, 1952
24 TI	4A. BURIAL. ON, REMOVAL (S	REMA- 246 DATE	24c			24b. LOCATION (Cit	ty, town, or co	ounty) (State)
	Burial	12- 11	- 52. Sa	acred Hear	t Cemetery	7401 German		Rd.,Md.
	ATE RECEIVE		'S SIGNATURE		5. FUNERAL DIR	FCFOR 901	3. Con	desig St.
		1897十一一	A. 11/4	Pares HTV	Charles &	gerler.	~ ()	7.0
v	S 151		1	CAN	44			U
		1	OFA	- 000	/ /			



correct age is especially important. Physicians: please write the causes of death treathy and rem

BALTIMORE CITY HEALTH DEPARTMENT

52 11212

ران Bi	RTH NO.			CERTIFICATI	E OF DEATH	Registered	1 110
	NAME OF D	ECEASED				2. DATE	
(T	ype or Print)	J.A	MES T	HOMAS CLISHAM	SR.	DEATH Dec.	7,1952
	PLACE OF D				4. USUAL RESIDENCE (
	FULL NAME	City, Maryland OF (If not in hospit	al or institu	tion, give street address or	Maryland	B. COUNTY	nerore admission)
H	STITUTION			location)	C. CITY OR TOWN (I	f outside eorporate lin	nits, write RURAL and give
111	STITOTION	St. Joseph	's Hos	nital	Baltimore		township)
				Yrs.	D. STREET ADDRESS (I	f rural, give location)	
c.	Length of s	tay in Baltimore		life Mos.	3126 Dillon	Street - 24	
5.	SEX	6. COLOR OR RACE	7. SINGL	.E, MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	Months: Days Hours Min.
	Male	White		Married	Oct. 24.1896	56	Months Days Mours Min.
10	A. USUAL OC	CUPATION (Give kind of	10B. KIN	D OF BUSINESS OR	11. BIRTHPLACE (State or 1	foreign country)	12. CITIZEN OF
	Foreman	of working life, even if retired)	Bet	h. Steel Co.	Baltimore, W	r.3	WHAT COUNTRY?
	. FATHER'S	NAME	200		14. MOTHER'S MAIDEN N		U.S.A.
	Tom	es T. Clisi	0.000	MILL	30 00 0	4	
15	. WAS DECEASE	D EVER IN U. S. ARMEI	FORCES1	16. SOCIAL	M. Charlot	te Hartley	
(Ye	, no or unknown)	(If yes, give war or date	of service)	SECURITY NO.			ADDRESS
-	No	No		216-07-2976	ACCO CITATION	3126 Dil	INTERVAL BETWEEN
	18. 443	3× 1			OF DEATH		ONSET AND DEATH
	DISEAS	LEADING TO DEA		1	water Onel	in la . a.	
		not mean the mode ore, asthenia, etc. It mea	f dying, e.	g., (A)	My Mary Carr	~ varius	
		complication which		h.) DUE TO			
		ANTECEDENT CAUS	ES	Rul	restering Card	bal Heme	where
z				(B)			
RTIFICATION		S OR CONDITIONS, I HE ABOVE CAUSE (A)		NG HE OUE TO	(Lift Hemispher	4)	
F	UNDERLY	ING CONDITION LA	ST.	(C)			
10							
Ē	OTHER	II IGNIFICANT CONDI	TIONS CO	M			
ы	TRIBUTING	TO THE OEATH, BUT	NOT RELAT	ED			
U		F OPERATION 1		R FINDINGS OF OPER	ATION		20, AUTOPSY?
4	ISA. DAIL C	OF ERATION O	SB. MASOI	C FINDINGS OF OF LI	ATTOR		YES NO
<u>S</u>	21A. ACCID	ENT WAS UNDER	218. PL	ACE OF INJURY (e. g., i	or 21c. WHERE DID	(If in Baltimore City	y, give exact location)
EDICAL	LYING O	R CONTRIBUTING[]	about home	, form, factory, street, office bldg.,	ote.) INJURY OCCUR?		
Ξ	CAUSE OF	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F, HOW DID INJUR	PY OCCUR?	
	OF INJURY	(Month) (Day) (Teat)	(IIOUI)	WHILE AT NOT WHILE		ir occoni	
			m.	WORK AT WORK			
	22. I hereb	y certify that I att	ended the	e deceased from Dec	. 7th , 19 52 to		52, that I last saw the
3	deceased a	live on Dec. 7	, 19_52	and that death occur	red at 11:45pm., from	the causes and on	the date stated above.
	23A. SIGNA	TURE /	1/1	m. 8 2	3B. ADDRESS	4.	23c. DATE SIGNED
		/h).	NKI	ay 9. M.D.	1400 N. Caroline		De c.7, 1952
710	AA. BURIAL, (S	CREMA-24B. DATE	10	24C. NAME OF CEMETE	RY OR CREMATORY 24D. 1	LOCATION (City, tov	vn, or county) (State)
	Buria		-52.	Oak Lawn (Cemetery 722	4 Eastern	Ave. Rd Md.
	ATE RECEIVE		SSIGNAT	URE	25. FUNERAL DIRECTOR		onkling St.
	DEC 1 0	1059 +-+	Tour !	VIlliams M.D	la hanles of tell	les o	OTHER DA
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52 11243 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF A. Kelm DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Maryland Towson o. STREET ADDRESS (If rural, give location) Yrs. Mos. W. Burka c. Length of stay in Baltimore ve Dava 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Del 20, 1895 MARRIFD 10A. USUAL OCCUPATION (Givekind of) IOB. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doos during most of working life, even if retired) INDUSTRY WHAT COUNTRY! Ba 17 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or onkoown) (If yes, give WIN INTERVAL BETWEEN 540.0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Pulmonery Embolism. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY To /2 VIcer 10216 Pasection YES NO T 216. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH Σ 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK . 19 2, to 12/9/12, 19 , that I last saw the 22. I hereby certify that I attended the deceased from //// 19/2 and that death occurred at ois Am., from the causes and on the date stated above. deceased alive on 12/9 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA- 24B. DATE 240. LOCATION (City, town, or county) 24C. NAME OF CEMETERY OF CREMATORY TION, REMOVAL (Specify) DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR

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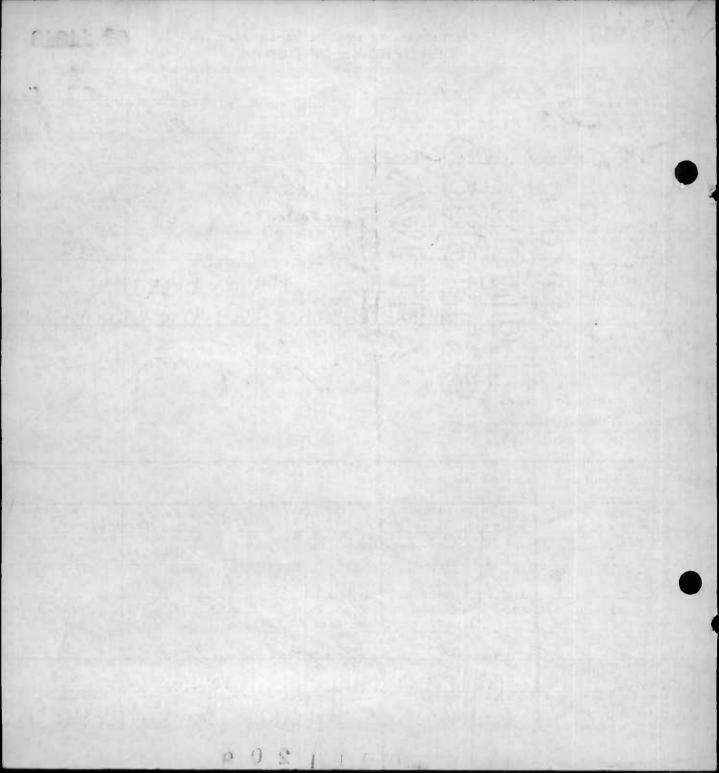
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Physicians:

important.

LOCAL REGISTRAR



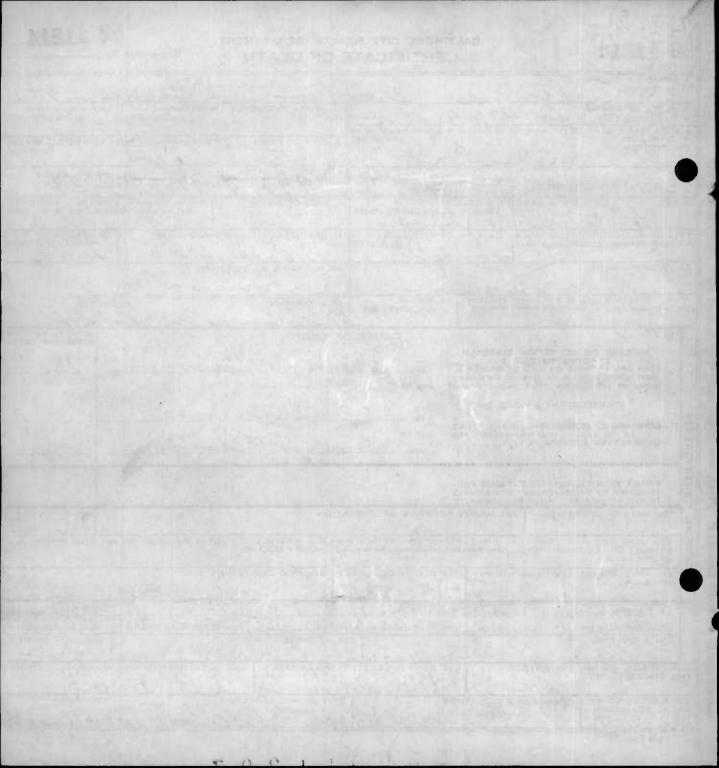
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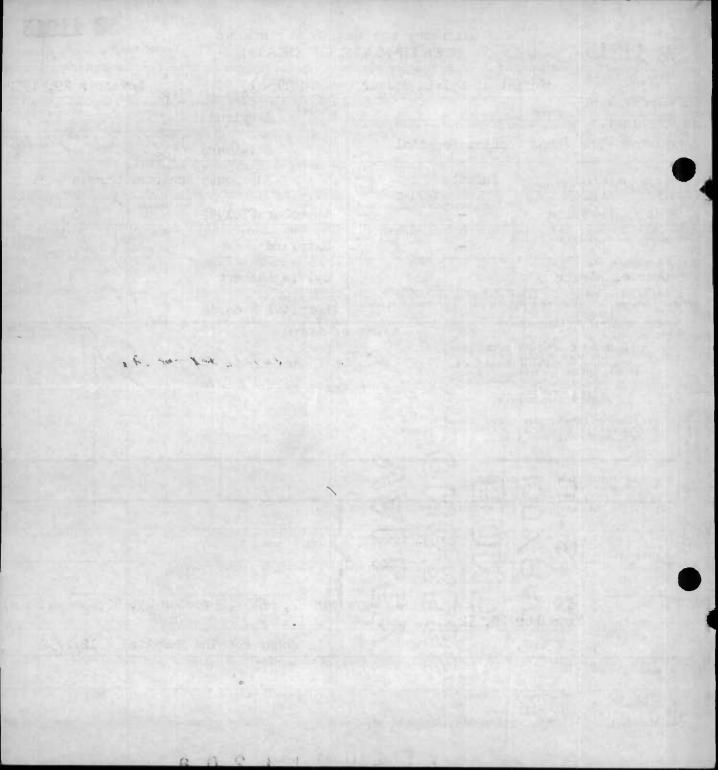
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Physicians:

important.

VS 150





Physicians: please write the causes of death clearly and

especially important.

correct age is

BALTIMORE CITY HEALTH DEPARTMENT

52 11240

BALIMORE	CITT II	P-WP-111	DEL VIVI MITT
CERTI	FICAT	E OF	DEATH

2	Tieno	CERTIFICATI	OF DEATH	Registered No.	-1/
ВІ	RTH NO.	OLIVIII IOATI	_ OI DEATH		
	NAME OF DECEASED ope or Print) Mary I	Fenton Vogelman	n	2. DATE OF DEATH 12/8	/52
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W	Where deceased lived. If inst B. COUNTY	titution : residence before admission
В.		stitution, give street address or location)	Maryland (If	outside corporate limits, w	aita DYIDAT and air
	STITUTION			outside corporate fimits, w	township
	411 Folsom St	Yrs.	Baltimore D. STREET ADDRESS (If	rural give location	-06
•	Length of stay in Baltimore	T 4 Co Mos.	411 Folsom		
		NGLE, MARRIED,	8. DATE OF BIRTH		er 1 Year II Under 24 Hour
_		DOWED, DIVORCED (Specify)		last birthday) Month 52	s Days Hours Min
10		KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country) 12	. CITIZEN OF
MOLI	done during most of working life, even if retired) Housewife	Industry Iome	Maryland		WHAT COUNTRY
13	FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
	Charles Wrightson		Eva Butler		
15 (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCE, no or unknown) (If yes, give war or dates of serv	ES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDI	RESS
(==	No	SECORITI NO.	Edward L. Vo	gelman Sa	ame
ERTIFICATION	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST.	GIVING NG THE DUE TO	produí dis produki	uffi cecició lypostrusió	
CERTIF	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS	ELATED ING IT.			
YY:	19A. DATE OF OPERATION () 19B. M.	AJOR FINDINGS OF OPER			YES NO
MEDICAL		B. PLACE OF INJURY (c. g., in home, farm, factory, street, office bldg.,		If in Baltimore City, give	e exact location)
	21b. TIME (Month) (Day) (Year) (Hour OF INJURY) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WARK		Y OCCUR?	
	22. I hereby certify that I attended deceased alive on 12 , 19	the deceased from Cour	rred at 1300 m., from t	the causes and on the	date stated above
	What 11. Alhori	M. Ch	13373. Clas	Cs >1"	12/8/52

24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 24B. DATE 12/11/52 Mt. Olivet

REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR

Thurlington Williams, M. John F. Denny, Inc. DATE RECEIVED BY LOCAL REGISTRAR

Baltimore, Md.

715 Light St.

VS 150

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DR. DENELDEN 1337 S. CHARLES HINED TO S. DITTORED

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) JOHN A. BISSER OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RUNAL and give c. CITY OR TOWN INSTITUTION 315 E. HAMBURG ST BALTIMORE D. STREET ADDRESS (If rural, give location) Yrs. Mos. 315 E. HAMBURG ST. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | If Under I Year 5. SEX 8. DATE OF BIRTH last birthday) Months Days Hours Min. MARRIED 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY TREMAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN A. BISSER FANNIE SPARKS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) SECURITY NO 315E HAMBURG. ST COHN/JISSER 3× 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONralized (arcumualoses TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION and as a 218. PLACE OF INJURY (e.g., In or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) ā LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE

before admission)

If Under 24 Hours

WHAT COUNTRY?

20. AUTOPSYT

23c. DATE SIGNED

ADDRESS

YES

24D. LOCATION (City, town, or county)

24c. NAME OF CEMETERY OR CREMATORY

22. I hereby certify that I attended the deceased from Lell 3, 1926 to received 1925 that I last saw the

deceased alive on Alex 1, 1992, and that death occurred at 7, 36 m., from the causes and on the date stated above. 23A. SIGNATURE

24B. DATE

24A. BURIAL, CREMA-TION, REMOVAL (Specify) BURIAL

ULL

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

DENNY, INC. 715 LIGHT ST-30

25. FUNERAL DIRECTOR

23B. ADDRESS

VS 150

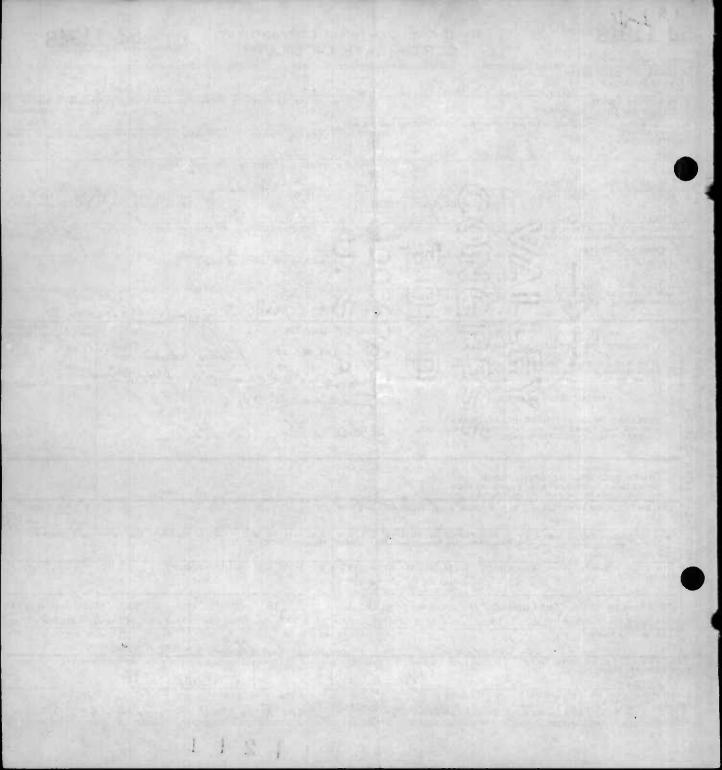
No. Miller 9-10:30 6-8 Cycipt Elina Sunday 1228 S Chalas St

52 11218

В.	BTH NO			CERTIFIC	CATI	E OF DEATH	Register	ed No.
_	NAME OF D	ECEASED					2. DATE	
	ype or Print)	dohn	C. SJ	nelhaus			OF DEATH	2/9/52
	PLACE OF D Baltimore (/		386	4. USUAL RESIDENCE (Where deceased live B. COUNT	
HC	FULL NAME SPITAL OR STITUTION	OF (If not in bospi	tal or institut	tion, give street ad	dress or ocation)	c. CITY OR TOWN (1	f outside corporate	limits, write RURAL and give
-	DOA. Sou	the Baltimone	Concent	Hospital	17 6	Baldinore	14	- O L township)
C.	Length of s	tay in Baltimore			Yrs. Mos. Days	+13 +olsam St.	f rural, give location	n)
5.	SEX	6. COLOR OR RACE		E, MARRIED. VED, DIVORCED	(Specify)	8. DATE OF BIRTH	9. AGE (In yea last birthday	rs
10	Male	CUPATION (Give kind of		arried	. 0.0	7//8//886 11. BIRTHPLACE (State or	66	LAC CITIZEN CE
work		of working life, even if retired		OF BUSINESS	USTRY	Haryl and	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	FATHER'S		1 (1/)	7.11(1)		14. MOTHER'S MAIDEN N	NAME	
(Um. Shel	haus	100			A. Finke		
15 (Yes	. WAS DECEASI	D EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY	Y NO.	17. INFORMANT		ADDRESS
	_			214-03-	4191	MRS MARY SC	HELHAUS 4	13 Fulson ST.
	(This does	De or Condition LEADING TO DEA not mean the mode re, asthenia, etc. It mer complication which	DIRECTLY TH of dying, e. ans the diseas	۴۰, (A) se.	Ost	erroreless	imbar Le Hee	INTERVAL BETWEEN ONSET AND DEATH
CATION	RISE TO T	ANTECEDENT CAUSES OR CONDITIONS, IN THE ABOVE CAUSE (A)	IF ANY, GIVING THE		De	iketis lu	llitu	
ERTIFICA	TRIBUTING	II SIGNIFICANT COND S TO THE DEATH, BUT	NOT RELATE	ED				
U		F OPERATION		FINDINGS OF	F OPER	ATION		20, AUTOPSY?
4	ISA. DATE C	O E E E E E	100. 1117001		0. 2.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		YES NO
EDICAL	21A. ACCID LYING OF	DENT WAS UNDER- R CONTRIBUTING	218. PL. about home,	ACE OF INJURY	(e.g., in		(If in Baltimore C	City, give exact location)
Σ		(Month) (Day) (Year) (Hour)	21E. INJURY O	OT WHILE	ED 21F. HOW DID INJUR	RY OCCUR?	
			m.	WORK	AT WORK		. lal.=.	
	22. I hereb	y certify that I at	tended the	deceased from	n 1219			19, that I last saw the
	deceased a	live on 1249152	, 19	and that deat		red at T. S. H. m., from	the causes and	on the date stated above.
	ZJA. SIGNA	W.711.	Cons	man.	4. D.	Smith Baltie	es Level	HONO
	A. BURIAL,		ST VIA			RY OR CREMATORY 24D.	LOCATION (City,	town, or county) (State)
TIC	BURIAL	12/12/	52	Mr.	OL	IVET F	REDERICK	RD.
	TE RECEIVE		glow /		Mir	JOHN F. DEN		ADDRESS 715464TST

5 5 2 8 9 1 1 2 1 1

correct age is especially important. Physicians: please write the causes of death clearly any regimly.

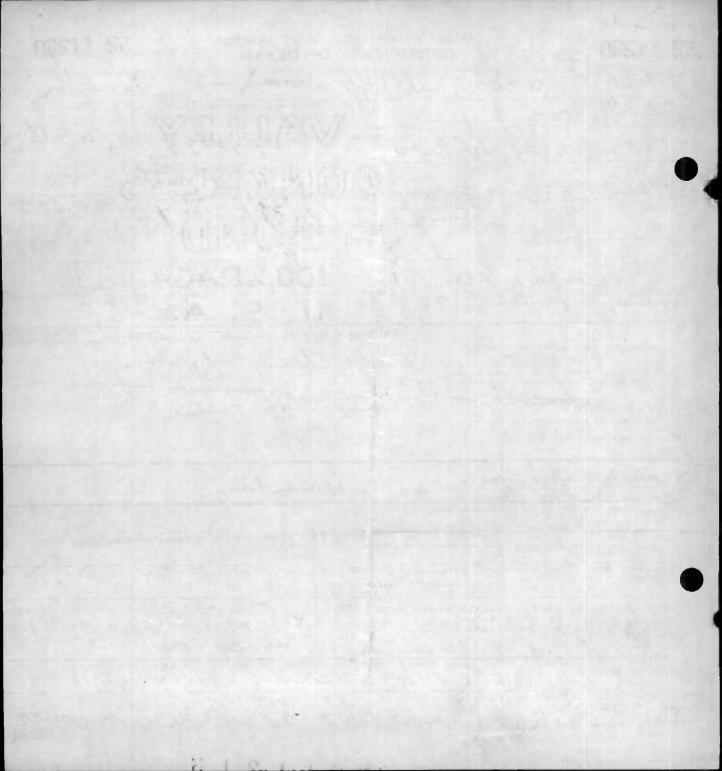


162-416				
50 11010	BALTIMORE CITY H	EALTH DEPARTMENT	Registered No.	11219
52 11219 BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No.	
1. NAME OF DECEASED (Type or Print)	kmes T.		2. DATE OF DEATH /2 -	10-52
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W)	nere deceased lived. If inst	itution : residence before admission)
B. FULL NAME OF (If not in hos) HOSPITAL OR INSTITUTION	pital or institution, give street address or location)		outside corporate limits, w	
SI. agnes A	bigital	Ballema	ul	township)
c. Length of stay in Baltimore		o. STREET ADDRESS (If r	ural, give location) Drive	300
5. SEX 6. COLOR OR RAC	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years of Unday) Months	Days Hours Min.
10A. USUAL OCCUPATION (Give hiod work done during most of working life, eveo if retire	of IOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Drivet Metal Worker	14. MOTHER'S MAIDEN NA	ME	0.5.4.
	casas	Hothie		
15. WAS DECEASED EVER IN U. S. ARM (Yes, oo or uokoown) (If yes, give war or di W. W. F.	IED FORCES? 16. SOCIAL SECURITY NO.	Mrs. Cother 7.60	Churn, 442	L'allen
18. 42011	A	OF DEATH	blrine.	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION LEADING TO DE (This does not mean the mode	ATH	e Pulm. Eder	na.	
heart failure, asthenia, etc. It m	eans the disease,	do IV Cardiaco	decompensation	
ANTECEDENT CA	. Crose	- man and il	1 / 4:	
DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION		Joenna D	injaceriori.	
UNDERLYING CONDITION	LAST. (C) COTO	rany artery	occlusion	***************************************
OTHER SIGNIFICANT CON		0 0		
Ш TRIBUTING TO THE OEATH, BU	T NOT RELATEO			
19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER	21B. PLACE OF INJURY (e.g., i	o or 21c, WHERE DID (If	in Baltimore City, give	exact location)
CAUSE OF DEATH	about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
OF INJURY (Month) (Day) (Yes	WHILE AT NOT WHILE		OCCUR?	
22. I hereby certify that I o	ttended the deceased from	10	2 10 , 1952,	hat I last saw the
deceased alive on 12 -16	1932, and that death occur	rred at 12:50 Am., from th	e causes and on the c	late stated above.
23A. SIGNATURE	14 ms	23B. ADDRESS	Non 2	3c. DATE SIGNED
24A. BURIAL, CREMA- 24A. DATE	24C. NAME OF CEMETE	RY OR CREMATORY /240. LO	CATION (City, town, or	ounty) (State)
	B'S SIGNATURE	25/ FUNERAL PIRECTOR	O AL	DDRESS
DEC 11959 Tunt	ington Williams, My	Harry H. Withful	,41016dm	ondson
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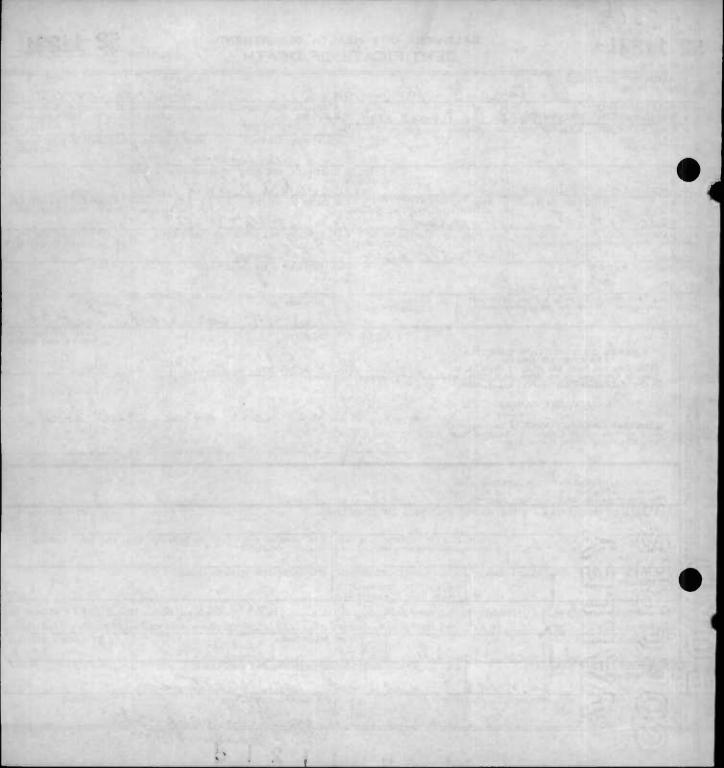
correct age is especially informit. Thy ac-

Department of the state of the

5	1 43000	EALTH DEPARTMENT E OF DEATH	Registere 52, 11230
	NAME OF DECEASED KINEOPTY, althou	2	OF 12-9-52
A	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address)	A. STATE	re deceased lived. If institution: residence B. COUNTY before admission
	OSPITAL OR NSTITUTION herey Hom Fal		side corporate limits, write FURAL and give township
egini.	Yrs. Mos. Days	D. STREET ADDRESS (If 74)	al, give location) orwer for P.
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH / 19	AGE (In years If Under 1 Year last bir hday) Months Days Hours Min
1 Tearly	DA. USUAL OCCUPATION (Give kind of the kin	11. BIRTHPLACE (State or foreign	gn country 12. CITIZEN OF WHAT COUNTRY
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	Harris
1 (Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (If yes, give war or dates of service)	17. INFORMANT	no H. JAPORESS
e une cause	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	of DEATH 4245	Rawerton al interval Between formation
ICATION	injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	hiar-rup fail	eu ·
CERTIFIC	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Asi Culos torny.	
DICAL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
MEDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bldg.	in ne 21c. WHERE DID (If in etc.) INJURY OCCUR?	Baltimore City, give exact location)
V	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY NOT WHILE AT NOT WHILE AT WORK		CCUR?
Top less	deceased alive on 12.9 1952 and that death occur		2-9, 1957, that I last saw the
2		23B. ADDRESS Levery	23c. DATE SIGNED
A P	4A. BURIAL, CREMA-124B. DATE 24C. NAME OF CEMETI ON, REMOVAL (Specify 12 52 Lew A	The dral 200	TION (City, town or county) (State)
Turk to the total	ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR Houtington Wallague, M. J.	26. FUNERAL DIRECTOR	41016 AMENDOSTI
	VS 150	1 miles	au
		0 1 1	79



		RTH NO.			CERTIFICAT	E OF DEATH	Registered N	2 11531
		NAME OF DEC	CEASED ant	oni !	F. Bon	caek	2. DATE OF DEATH SEC	.10/52
Jan	Α.	PLACE OF DE. Baltimore Ci FULL NAME O	ty, Maryland		Pray Sk on, give street address of	A. STATE	(Where deceased lived. If it	nstitution: residence before admission)
	H	SPITAL OR	(II not in nosp		location	c. CITY OR TOWN	(If outside corporate limits,	verice LURAL and give township)
gibly.		T 41 - 6 - 4 -	- '- D '-		Yrs. Mos.	D. STREET ADDRESS	(If rural, give location)	
and			y in Baltimore		Days ., MARRIED, ED_DIVORCED (Specify	8. DATE OF BIRTH		Under I Year If Under 24 Hours ths: Days Hours Min.
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ch cle		ATHER'S NA	2 /	tock	t Waker	14. MOTHER'S MAIDEN		WHAT COUNTRY?
f death	15	WAS DECEASED	Boncy EVER IN U. S. ARM	efs	16. SOCIAL	7		
ses of	(Ye	s, no or unknown)	(If yes, give was or da	tes of service)	SECURITY NO.	Mrs. Mis	2006 G. Ag	Tratt 84
e causes			OR CONDITION		CAUSE	OF DEATH		ONSET AND DEATH
write the		(This does r heart failure	LEADING TO DE, not mean the mode a asthenia, etc. It me complication which	of dying, e.g.		Semily		***************************************
	_		NTECEDENT CAL		a	terio alla		0 1
please	ATION	RISE TO THE	OR CONDITIONS, E ABOVE CAUSE (A NG CONDITION () STATING TH	(B) G E OUE TO			ing 7
Physicians:	IFICA		11		(C)			
Physic	CERT	TRIBUTING "	ONIFICANT CONT TO THE DEATH, BUT EASE OR CONOITION	NOT RELATE	D			
	DICAL	19a, OATE OF	OPERATION ()	198. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
important.	EDIC		NT WAS UNDER- CONTRIBUTING [EATH		CE OF INJURY (e. g., arm, factory, street, office bldg		(If in Baltimore City, gi	ve exact location)
ly im		21b. TIME (MOF INJURY	Ionth) (Day) (Yea	w	THE AT NOT WHILE	E []	JRY OCCUR?	
pecially						an 7, 1946 to	Dec. 10, 1954	
is es		23A. SIGNATU	DRE 17	193 = (1		n the eauses and on the	23c. DATE SIGNED
age	24	4A. BURIAL CR	EMA- 24B. DATE	Ylon	M. O.	ERY OR CREMATORY 240	LOCATION (City, town, o	Vec. 10, 1952 or county) (State)
correct	1	ATE RECEIVED CAL REGISTR	DOC.	12/57	Sacred De	25 JUNERAL OFFECTO	Ellemere	ADDRESS
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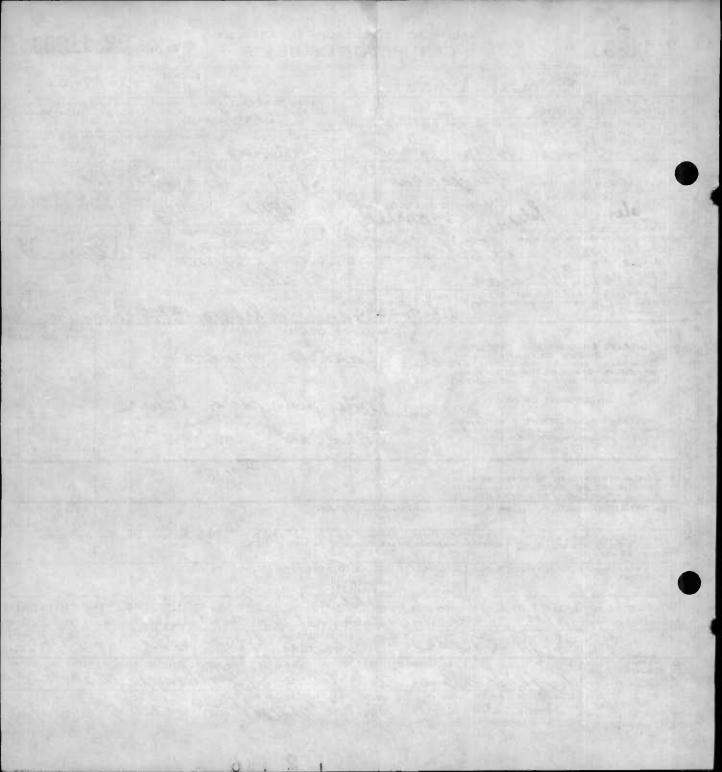
52 11232

Registered No ... CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE Where deceased lived. If institution : residence A. Baltimore City, Maryland . COUNTY before admission) A. STATE (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give Yrs. ADDRESS Alf rural, give location Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED BIRTH AGE (In years If Under 1 Year last birthday) Months Days Hours Min. WHOOWED, DIVORCED (Specify) rolow 10A. USUAL OCCUPATION (Give kind of work done during most of working life eyen if retired) 12. CITIZEN OF 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or nnknown) SECURITY NO. 11688 - 2414 INTERVAL BETWEEN 18. 420.1 CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY New, 1957 that I last saw the 22. I hereby certify that I attended the deceased from May M, 1952to 19 (Vand that death occurred at 3 (deceased dive on _m., from the causes and on the date stated above. 234. SICKATURE 23B, ADDRESS 23c. DATE SIGNED 24A BURIAL, CREMA-247. LOCATION (City, town, or equinty) 24B. DATE EMOVAL (Spenify) weak DATE RECEIVED BY FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR

VS 150

untinglow

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 11233 CERTIFICATE OF DEATH 1. NAME OF DECEASED SAMUU 2. DATE Krauss 12-10-52 OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write HURAL and give township ADDRESS (If rural, give location) Yrs. Mos. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED H Under 1 Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify Marrie 10A. USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY Ketirea 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL of ADDRESS (Yes, no or unknown) SECURITY NO causes 18. 4 34.2 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. Injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? important. YES (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY > NOT WHILE! WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from 12, . 19 That I last saw the deceased alive on 12. 32 and that death occurred dt m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DAYE SIGNED 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY LOCATION (City, town, or county) Burial DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



correct and is especially important. Physicians: please write the causes of death clearly and

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 11234 Registered No. 11234

BI	RTH NO.						
(T	NAME OF D ype or Print)	49.	elle	alexander		2. DATE OF DEATH	Dec. 11. 1952
	PLACE OF D Baltimore	EATH: City, Maryland			4. USUAL RESIDENCE		l. If institution : residence before admission)
В.	FULL NAME		al or institu	tion, give street address or location)	Maxulas	ed	
IN	STITUTION	3731	11.	Margare 1	c. CITY OR TOWN	(If outside corporate I	imits write RURAL and give township)
		0/01	151	Yrs.	D. STREET ADDRESS	(If rural, give location)
c.	Length of s	tay in Baltimore		Mos. Days	3731 St. 19	argaret St.	
5.	SEX	6. COLOR OR RACE		E. MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	Months: Days Hours Min.
0	emale	White	41	idour	Jeb. 27 1879	1 73	
worl	doneduringenost	CUPATION (Give kind of of working life, even if retired)	10B. KINI	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S	AME A			14. MOTHER'S MAIDEN	MANA	
	Offer	· for with			O /	7-1	
15	. WAS DECEAS	ED EVER IN U. S. ARMET	FORCES?	16. SOCIAL	17. JNFORMANT	LABROUN	ADDRESS
(Ye	, no or unknown)	(If yes, give war or date	of service)	SECURITY NO.	Idea Countries	10 3731 B	to Marcon of At.
	18. ///	3× .		CAUSE	OF DEATH	1	UNTERVAL BETWEEN
		E OR CONDITION	DIRECTLY	1	, , ,	(x1	ONSET AND DEATH
	(This does	LEADING TO DEAT not mean the mode of irc, asthenia, etc. It mea	f dying, e.	g., (A)	myelya	(7)	
	injury or	complication which	aused dcatl	h.) DUE TO		dire	ace
		ANTECEDENT CAUS	ES	h	es esternis	cas dis so	reac
O	DISEASE	S OR CONDITIONS, II	ANY, GIVII	NG (B)	y control	como n	
CATION	UNDERLY	HE ABOVE CAUSE (A)	STATING T				
Diene I				(C)			
ERTIF	OTHER S	II IGNIFICANT CONDI	TIONS CO	N -			
E	TO THE D	TO THE DEATH, BUT	NOT RELAT	ED IT		•••••	
	19A. DATE C	F OPERATION 1	98. MAJOF	R FINDINGS OF OPER	ATION		20. AUTOPSY?
CA	214 ACCID	ENT WAS UNDER-	215 DI	ACE OF INJURY (e.g., in	or 21c, WHERE DID	(If in Poltimore Cit	YES NO L
MEDI		R CONTRIBUTING		farm, factory, street, office bldg., e		(II in Baitimore Ci	ty, give exact location)
	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJ	URY OCCUR?	Day 12 to 1
			m.	WHILE AT NOT WHILE			
		y certify that I att			, 19, to_		9, that I last saw the
	deceased a		_, 19	and that death occur	red atm., from	m the causes and o	n the date stated above.
	204.010.01	Philip or	Ken	he ho M. D.	302Va tap	100 lw	12/11/52
24 TIC	A. BURIAL	CREMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24	LOCATION (City, to	
	len our	el Dec. 11	1952	Pellston	()	Illalox le	unsidiquea
	TE RECEIVE		SSIGNATI	URE	25. FUNERAL DIRECTO	DR /	ADDRESS
	JEG 111	952 Tuntan	you !	Villegues M. Vil	UM lovote / MR.	12/1/21	Vous A.
	VS 150	6		F (1) (2)		7	
			1 1	5 6 12	6.		

correct age is especially important. Physicians: please write the causes of death clearly and leafbly.

BALTIMORE CITY HEALTH DEPARTMENT

Registered 52 11235

	aller aller hard have	בינ		CERTIFICATI	E OF DEATH	Registered No	7 3.1650
	RTH NO.						
	NAME OF D		ng. Cl	emence Lucy		2. DATE OF DEATH Decemb	er 10. 1952
A.		EATH: City, Maryland			4. USUAL RESIDENCE (
B. HC	FULL NAME SPITAL OR STITUTION	OF (If not in bespit	al or instit	ution, give street address or location)	c. CITY OR TOWN (I	and f outside corporate limits,	write RURAL and give
1	1	St. Jo	seph!	S_	Balti		
			•	Yrs. Mos.	D. STREET ADDRESS (II	f rural, give location)	
C.	Length of s	tay in Baltimore		6 yr. Days	3405	Southern Avenu	e
5,	SEX	6. COLOR OR RACE		LE, MARRIED,	8. DATE OF BIRTH	9. AGE (in years) HU	Inder 1 Year If Under 24 Hours
	F.	W.		owed (Specify)	MAR. 17-1874	A 18	ths Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)	10B. KII	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or 1	foreign country) 1	12. CITIZEN OF WHAT COUNTRY
		fe.	Ow	n home	New Y	ork	
13	FATHER'S				14. MOTHER'S MAIDEN N	NAME	
	3		MON.	SANTO	?		
15 (Yes	. WAS DECEASI	D EVER IN U. S. ARMEE (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS
					Mr. Harry Ji	AMES Ferlin	9 - 54MC
	18. 290	. 1		CAUSE	OF DEATH		INTERVAL BETWEEN
		SE OR CONDITION	DIRECTI			THE PERSON NAMED IN	ONSET AND DEATH
		LEADING TO DEAT	ГН	A -	ute cardiac deco	mnenestion	
	(This does	not mean the mode ore, asthenia, etc. It mea	of dying, o		die cardrae deco	INDCIDA OLOII	****
	injury or	complication which c	aused des	ith.) XICOX			
		ANTECEDENT CAUS	EFS				
7		ARTECEDERT CAUC	,23	(B)AC	ute pulmonary ed	ema	
ĺδ		OR CONDITIONS, I		/ING	······································		****
日	RISE TO T	HE ABOVE CAUSE (A)	STATING				
ERTIFICATION				(c)P	rnicious anemia.	***************************************	
E							
7	OTHER S	II IGNIFICANT CONDI	TIONS C	on-			
		TO THE DEATH, BUT					
U				OR FINDINGS OF OPER	RATION		20. AUTOPSY?
	TOM: DATE C	or Entition ()					YES NO SE
Ü	ALL ACCID	ENT WAS UNDER-	218. P	LACE OF INJURY (c. g.,	n or 21c. WHERE DID	(If in Baltimore City, gi	
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Σ	CAUSE OF		(***	Leas www.cccupp	ED 21F. HOW DID INJUR	OCCUP?	
	OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	ty occur?	
			m.	WHILE AT NOT WHILE AT WORK			
	22. I hereb	y certify that I att	ended th	he deceased from Dec	cember 9, 1952, to D	ecember 1019 52	that I last saw th
	deceased a	live on Dec. 10	., 19_52	and that death occur	rred at 5: 10p.m., from	the causes and on the	e date stated above
	23A. SIGNA		70	1 - 2	3B. ADDRESS		23c. DATE SIGNED
		(11.	. Il	aucy M.D.	1400 N. Caroline		Dec. 10, 152
24 TI	AA. BURIAL.	CREMA- 24B. DATE	1	24C. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, town, o	or county) (State)
-	Burial	12/13	52	ST. Mary		ONKERS - NO	ew York
D.	ATE RECEIVE	D BY REGISTRAR	SIGNA	TURE	25. FUNERAL DIRECTOR		ADDRESS
L	CAL REGIST	The t	inston	Williams M.	Cooleyed	Kuck S	305 Var 1016
1			a		PLUNQYA J.	11000	
	VS 150					•	/)

Registered 2 11236 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH ... 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEC. 9, 1952 CHRISTINE SCHANINGER E. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RILA Land give C. CITY OR TOWN INSTITUTION township) Baltimore 2916 Hamilton Avenue D. STREET ADDRESS (If rural, give location) Yrs. Mos Hamilton Avenue c. Length of stay in Baltimore Days 9. AGE (In years If Under 1 Year last birthday) Months Days Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH Nov. 20, 1865 female white wid owed 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Germany at home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes. ao or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mr. John E. Franz, 2916 Hamilton 18. 420.1 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED CE TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e. g., io or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 1950 to North 16, 1952, that I last saw the 22. I hereby eertify that I attended the deceased from O The deceased alive on/6 // , 19 12 and that death occurred at/2 An., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAY, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY Baltimore, Maryland Burial Druid Ridge Com.

26. FUNBRAL DIRECTOR

Ruck, 5305 Harford Road.

Legnard J.

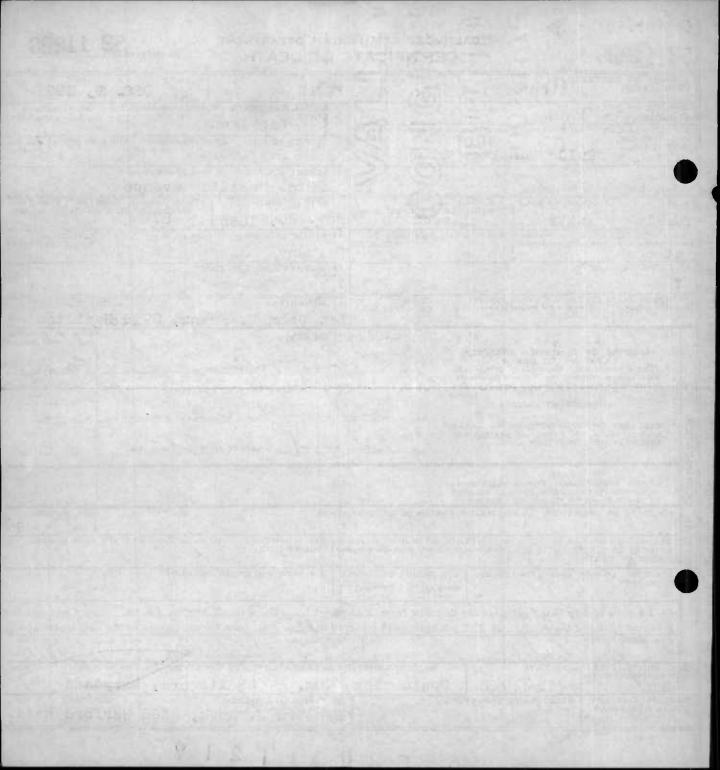
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DATE RECEIVED BY

LOCAL REGISTRAR

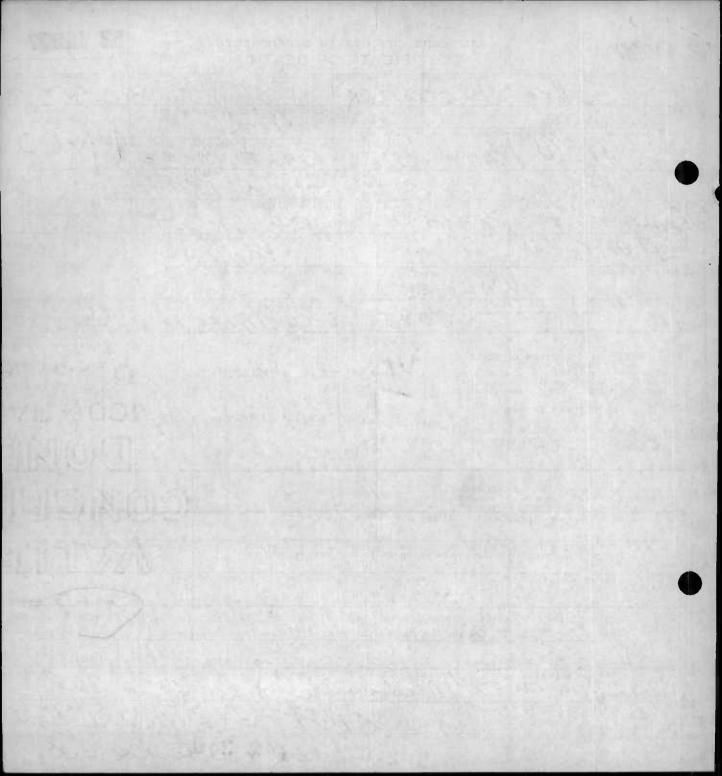
REGISTRAR'S SIGNATURE

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т 52 11237 Registered No.

B	RTH NO.	Dia 01 10 100/ 1 1 1 1
1.	NAME OF DECEMBED HER Q. FISHE	
	PLACE OF DEATH: Baltimore City, Maryland	A. USUAL RECIDENCE Where deceased lived, If institution: residence B. COUNTY before admission)
В.	FULL NAME OF (If not in hospital of institution, give street address of DSPITAL OR	
11	STITUTION / 4/6 W. TRATT	c. CITY OR TOWN (If outside corporate limits with RURAL Ind gife (ownship)
0	Length of stay in Baltimore Yrs. Mos. Days	1416 W. PRD H ST
15	SEX 6. COLOR OR RACE 7. SINGLE. MARRIED.	9. AGE (In years of Under 1 Year of Under 24 Hours Min.
10 wor	A. USUSI OCCUPATION (Give kind of lob. KIND OF BUSINESS OR kind of working life even if retired)	11. BIRTHPLACE Date of foreign country) 12. CITIZEN OF WHAT COUNTRY?
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(Y	e, n winknown) (If yes, give war or dates of service)	LEROY SISHER 1416 W. FAATTST
Can	18. 443 CAUSE DISEASE OR CONDITION DIRECTLY	OF DEATH
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TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
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CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
7	19A. DATE OF OPERATION () 19B. MAJOR FINDINGS OF OPE	ERATION 20, AUTOPSY?
EDIC/	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	in or 21c. WHERE DID (If in Baltimore City, give exact location)
N IIII	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE	
ITPI	m. WORK LAT WORK	(
adi	22. I hereby certify that I attended the deceased from No	urred at 245 P.m., from the causes and on the date stated above.
2		23B. ADDRESS 23C. DATE SIGNED
2 25	Chayles Commando M.D.	900 contond & Decopsi-
T SC	BURIAL, CREMA 24B. DATE 24NAME OF CEMET 12-12- Meadow	TERY OR CREMATORY 24D. LOCATION (City, ton, or county) (State)
	ATE RECEIVED BY REGISTRAR'S SIGNATURE, OCAL REGISTRAR DEC 1 1 10ED Tuntington Williams, M.J.	25/ MERGL SPRETTOR B. M. Walter
	VS 150 1902 0	1 ratt & Drucker So

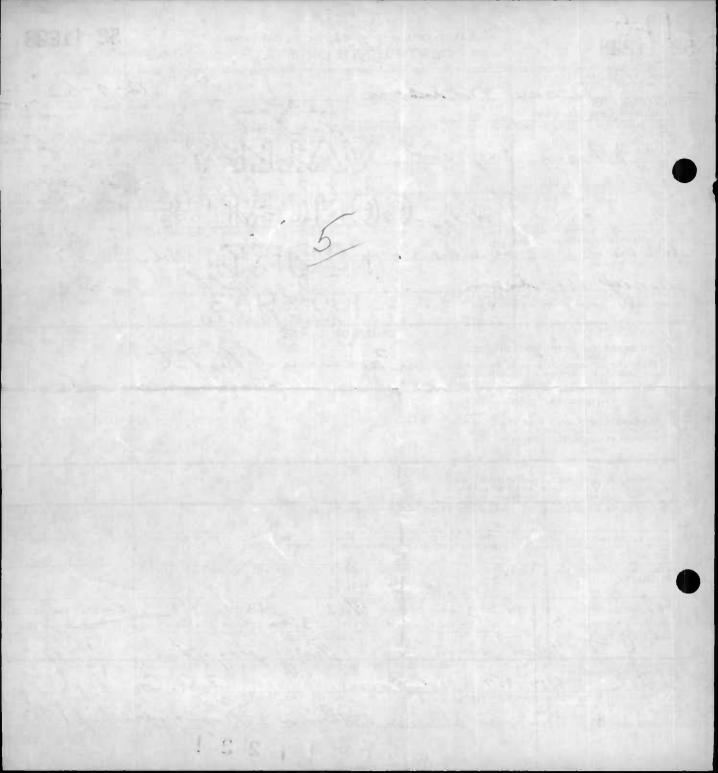


ADISON 52 11228 CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF 12-9-52 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limes, write RURAL and give location) C. CITS OR TOWN INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years If Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR A. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? rollman 16. FATHER'S NAME 15. WAS DECEMENT SET IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE [WORK 22. I hereby certify that I attended the deceased from 1/13 , 1962 that I last saw the deceased alive on 12/4 19 5 2 and that death occurred at 3 = m., from the causes and on the date stated above. 23A. SIGMATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D/XOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

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PHYSICIAN

Underline the

cause to which

death should be charged statis-

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

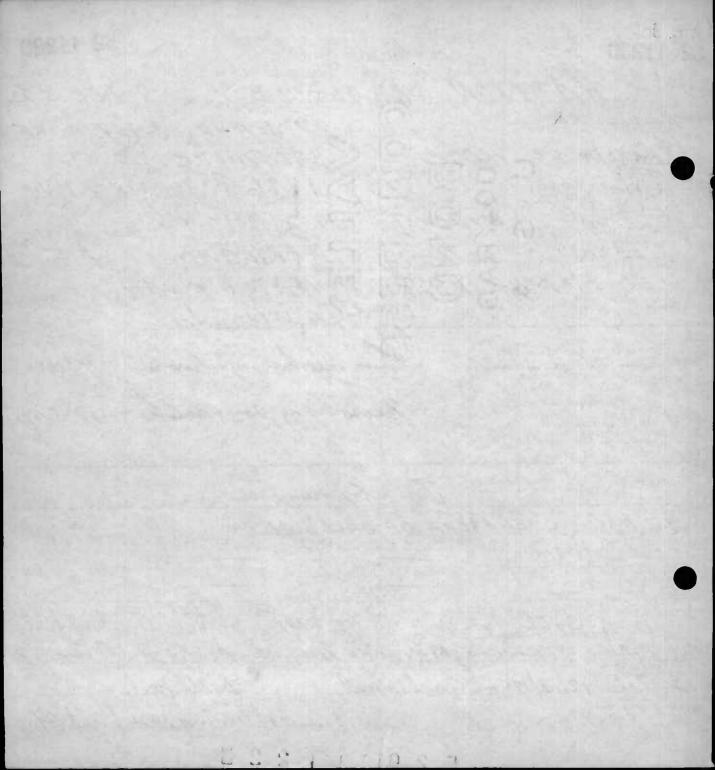
Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGIS-TRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

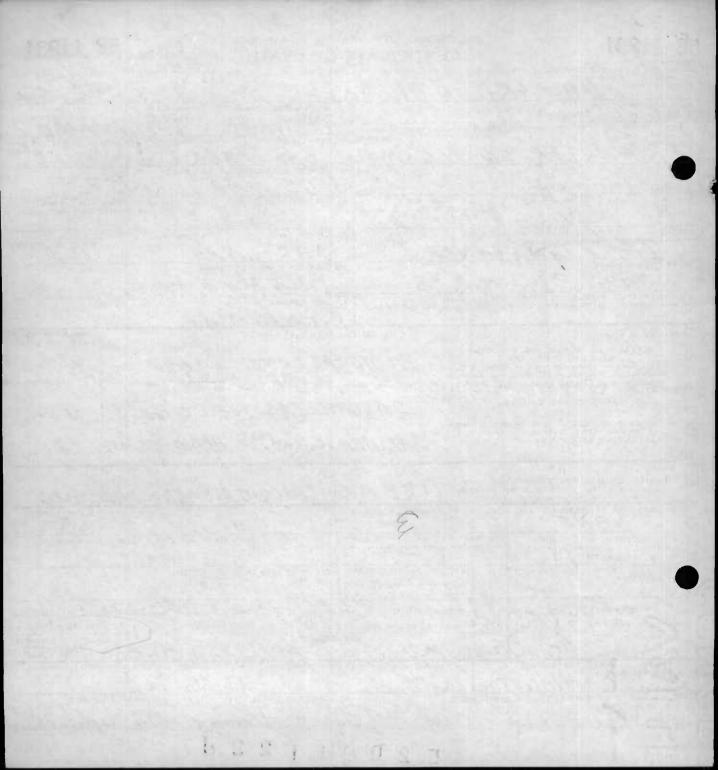
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52 11230	
BIRTH NO.	

B	IRTH NO.		CE	RIFICAL	E OF DEATH	Register	ed No.
	NAME OF Drype or Print)	HAM!	TON.	GERM	AL BIN E	2. DATE OF DEATH	DEC. 52
	Baltimore	City, Maryland			4. USUAL RESIDEN	ICE (Where deceased live	d. If institution: residence y before admission)
H	FULL NAME OSPITAL OR	OF (If not in hospit	al or institution,	give street address or location)		AND, BI	46TIMORE
IN	ERANA	LIN SO.	14051	1	RA/T	(If outside corporate	limits, write RURAL and give township)
			1100	Yrs. Mos.	D. STREET ADDRES	S (If ral, give location	1) . /
	Length of s	tay in Baltimore	7. SINGLE, MA	Days	8. DATE OF BIRTH	Nivers	1de HVE
	F	W	WIDOWED.	DIVORCED (Specify)	AUG. 12.19	07 43	Months Days Hours Min.
wor	k done during most	CUPATION (Give kind of of working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta	ite or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME		t .	14. MOTHER'S MAID	DEN NAME	10.5
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	18. 5 gr	7.0		CAUSE	OF DEATH	ecordo	INTERVAL BETWEEN
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	heart failu	re, asthenia, etc. It mea	of dying, e.g., ns the disease.	(A) done	mysten !	njehous	1'days
	injury or	complication which c	IX CELL	DUE TD	-	-41	
Z		ANTECEDENT CAUS		(B) hee	rollying Be	ancrealitis	17 DAYS
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ICA				(C)			
RTIF	OTHER S	IGNIFICANT CONDI	TIONS CON	-0			
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			m. WHILE	K AT WORK	XEC A	0 000	
9	deceased al	ive on 9.06 C	ended the deed	that death occur	DEC., 1952	to 9 JEC., 1	952, that I last saw the n the date stated above.
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24	A. BURIAL, O	CREMA- 24B. DATE	Vare 1	NAME DE CEMETE	RY DR CREMATORY 2	4D. LOCATION (City, to	own, or county) (State)
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 2 11231

BIRTH NO.	CERTIFICATI	E OF DEATH	weg istered .	
1. NAME OF DECEASED (Type or Print)	EDWA	RDS	2. DATE OF DEATH	DEC. 52
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W. A. STATE	here deceased lived. If	institution: residence before admission
HOSPITAL OR	itution, give street address or location)		outside corporate limi	ts, write RURAL and give
KANKLIN SO	HOSP.	BALTIA	OR F. L	township
	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	1-
c. Length of stay in Baltimore 5. SEX 6. COLOR DR RACE 7. SING	Days GLE, MARRIED.	8. DATE OF BIRTH	BERT	5/,
MWW	OWED DIVORCED (Specify)	O. DATE OF BIRTH	9. AGE (In years last birthday) M	ff Under 1 Year onths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	KER	14. MOTHER'S MAIDEN NA	90	0.5.
JOHN EDWA	カカケ	F.N.A.	RAKE	>
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (1f yes, give wer or dates of service)	1 16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRFSS
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<u> </u>	(0)			
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* NONE	OR FINDINGS OF OPER	ATTON		20. AUTOPSY?
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PID. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?	
m	WHILE AT WORK AT WORK			
22. I hereby certify that I attended t		DEC ., 1952, to	8 DEC 195	that I last saw the
deceased alive on 8 195		red at 5 m., from th	e causes and on t	
Lear Mr. Non	e M. O. M. D. C	O FRANKLIN.	SQ HOSP	8 See 52
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	2 C. NAME OF CEMETER	RY OR CREMATORY 240. LC	CATION (City, town	or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNA	Baltimore	35 FUNERAL DIRECTOR	elo. md.	ADDRESS
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52 11232 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH! 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE 75. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION_ ome D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days MARRIED 5. SEX 6. COLOR OR RACE If Under 1 Year 7. SINGLE 8. DATE OF BIRTH If Under 24 Hours 9. AGE (In years) last hirthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Give kind of BUSINESS OR 11. PRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) DUSTRY WHAT COUNTRY? eprament 13. PATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED ORCES?
(Yes, no or unknown) (If yes, give war or date of service) 16. SOCIAL (Yee, no or unknown) SECURITY NO. 18. 422.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO P YES 21c. WHERE DID 218. PLACE OF INJURY (e. g., In or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE 1952to 12 - 10, 195 that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on 12-10, 1957 and that death occurred at 2 m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 238. ADDRESS TION REMOVAL (Specify) 24B, DATE Burial 12-13-

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DATE RECEIVED BY

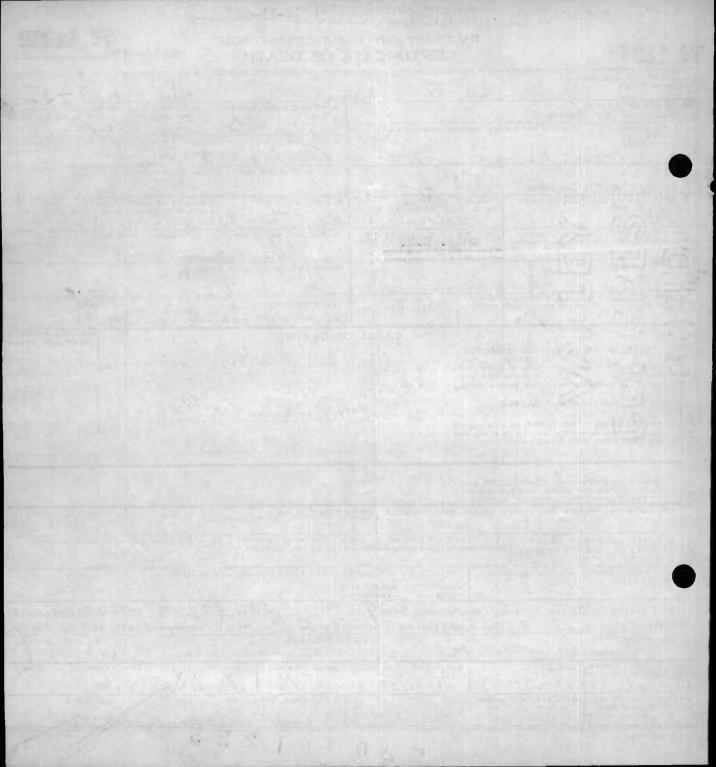
LOCAL REGISTRAR

EDICA

REGISTRAR'S SIGNATURE

unlington

ADDRESS



13. FATHER'S NAME

(Yee, no or unknown)

carelully supplied.

death

causes

please

Physicians:

important.

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OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21D. TIME (Month) (Day) (Year OF INJURY

22. I certify that I took chathe evidence obtained by and death in my opinion

23A. SYGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

Burial DATE RECEIVED BY

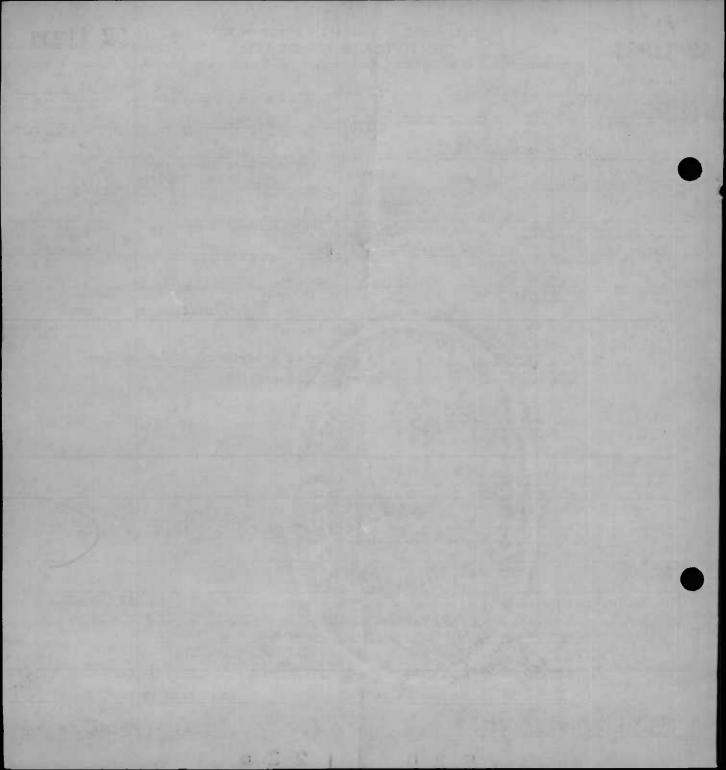
15. WAS DECEASED EVER IN U.S. ARME Yes, no or unknown) (If yes, give war or date

BALTIMORE CITY HEALTH DEPARTMENT

52 11222

1233		CERTIFICATE	OF DEATH	Registered	No ALLAND
ME OF DECEASED or Print)	FRANK	BOGAR			ember 10, 1952
ce of DEATH: timore City, Mary	land		4. USUAL RESIDENCE (V	Where deceased lived, I B. COUNTY	f institution: residence before admission
L NAME OF (If no		tion, give street address or	Maryland		
TAL OR TUTION		location)	c. CITY OR TOWN (If	outside corporate lim	its, write RURAL and give
St. A	gnes Hospital		Baltimor		-52
		Yrs. Mos.	D. STREET ADDRESS (If		
ngth of stay in Bal		ars Days		roll Street	W
6. COLOR	OR RACE 7. SINGL	E, MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRTH		f Under 1 Year If Under 24 Hours fonths Days Hours Min.
le White			11/13/1872	80	
SUAL OCCUPATION during most of working life, e		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
rpenter		con. (retired)	Hungary		U. S. A.
THER'S NAME	The Contract		14. MOTHER'S MAIDEN N	AME	
Paul B	ogar	P. 72 1 3 3 3 3	Unknown		
S DECEASED EVER IN I	J. S. ARMED FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
or unknown) (11 year Biv	, wat di dates of services	SECURITY NO.	Theresa Bogar,	Baltimore, M	laryland
LEADING (This does not mean theart failure, asthenia, injury or complication	etc. It means the dises n which caused deal ENT CAUSES DITIONS, IF ANY, GIV CAUSE (A) STATING TO	y (A) Hyper ase, (A) SECUTION (B)	tensive arterios lar disease	clerotic car	INTERVAL BETWEE DNSET AND DEAT
OTHER SIGNIFICAN TRIBUTING TO THE DE TO THE DISEASE OR	EATH, BUT NOT RELAT	TED			
A. DATE OF OPERAT	ON 198. MAJOR	R FINDINGS OF OPERA	ATION		20. AUTOPSY?
				70 1 D 241 CT1	YES ND X
A. EXTERNAL CAUSE DERLYING OR C ING CAUSE OF	ONTRIB- ebont bome	ACE OF INJURY (e. g., in e, farm, factory, etreet, office bldg., et		If in Baltimore City,	give exact location)
D. TIME (Month) (DINJURY	ay) (Year) (Hour) m.	WHILE AT NOT WHILE WORK AT WORK	D 21F. HOW DID INJUR	Y OCCUR?	
· I certify that I t	took charge of the	e remains described a	bove, held an Inspect.	ion & Inquir	Y thereon and from
the evidence obta	ained by said Aut	topsy, Inspection or In	Autopsy, nquiry, find that said d Autopsy, nquiry, find that said d accident but suicide	eceased dicd on t	the day stated above
A. SIGNATAURE	1) donas	M.	238. CHIEF MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGAT	CVWMINCK	Dec. 11, 1952
BURIAL, CREMA- 24 EMOVAL (Specify)	B. DATE	4c. NAME OF CEMETER	RY OR CREMATORY 24D. L	OCATION (City, town	n, or county) (State)
rial l	2/12/52	New Cathedral		ondson Avenu	ie, Baltimore,
RECEIVED BY RE	GISTRAR'S SIGNAT	Williams Mir	Edward Le	ulson B	alto 30 msc

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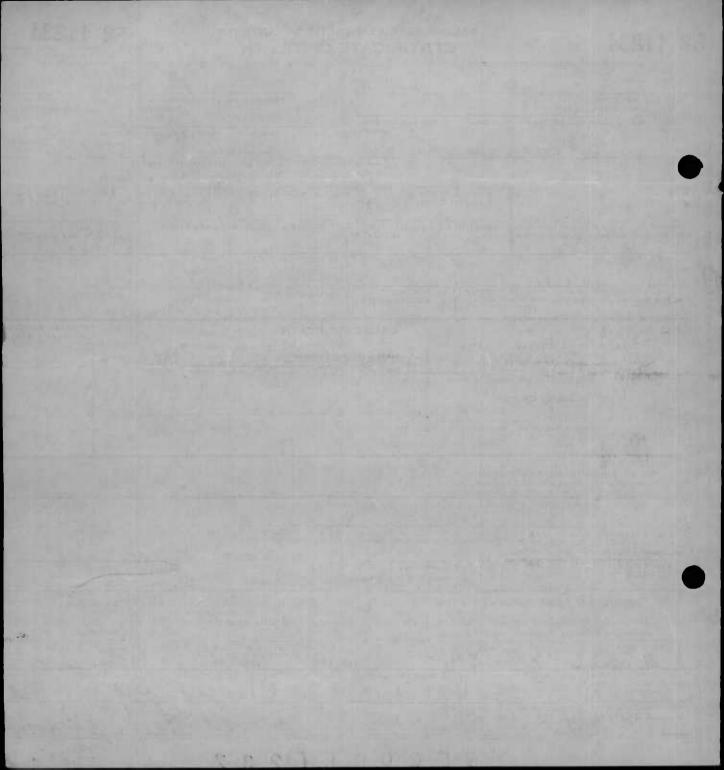
Registered No. 11234 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) AMOS JOHNSON December 8, 1952 DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1128 Pennsylvania Avenue Baltimore D. STREET ADDRESS (If rural, give location Yrs. Mos. 1128 Pennsylvania Avenue c. Length of stay in Baltimore Days 9. AGE (In years) 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) Male Colored 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even il retired) 12. CITIZEN OF WHAT COUNTRY 10B, KIND OF BUSINESS OR INDUSTRY 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL INFORMANT SECURITY NO (Yes, no or unknown) 18. 422,1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING | CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion regulted from: natural causes X, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER.... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 244 BURIAL, CREMA-TYON REMOVAL (Specify) 24L, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B, D.W TE RECEIVED BY RECISTRAR'S SIGNATURE DIRECTOR ADDRESS

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BALTIMORE CITY HEALTH DEPARTMENT Registered 2 11235 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Patrick Sheridan OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. (If rural, give location) D. STREET ADDRESS Mos. c. Length of stay in Baltimore Unknown Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. Married 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yee, no or unknown) ADDRESS SECURITY NO. Unknow Hospital 18. 420.1 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., nyocardial infanction heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE ATT NOT WHILE! WORK 12/3 _____, 1952, to 12/8 ______, 1952, that I last saw the 22. I hereby certify that I attended the deceased from____ , 1952, and that death occurred at 3:05A.m., from the causes and on the date stated above. deceased alive on 12/8 23c. DATE SIGNED 24A. BURIAL, OREMA 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) Burial Cathedral Cemetery Baltimore. Maryland. DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS DEC 1 1 105

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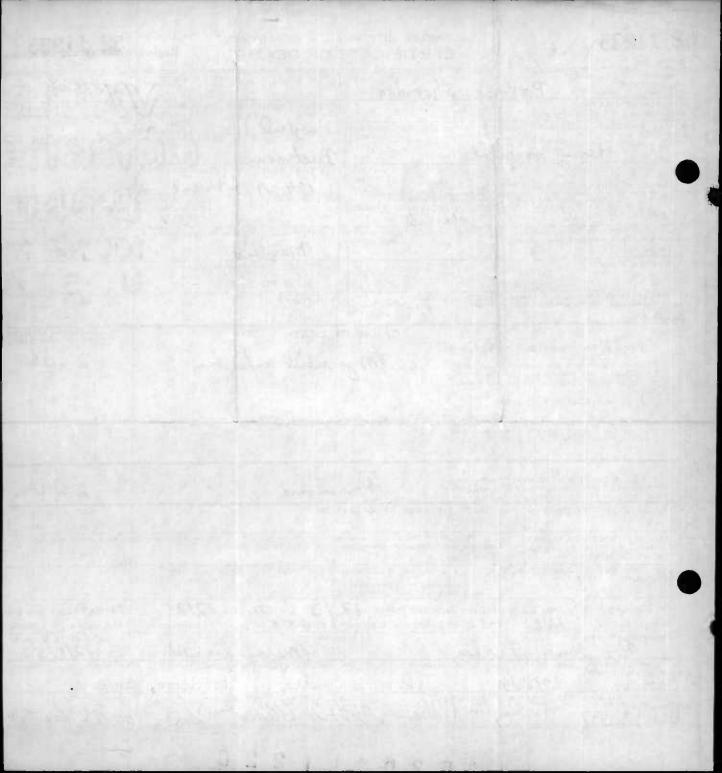
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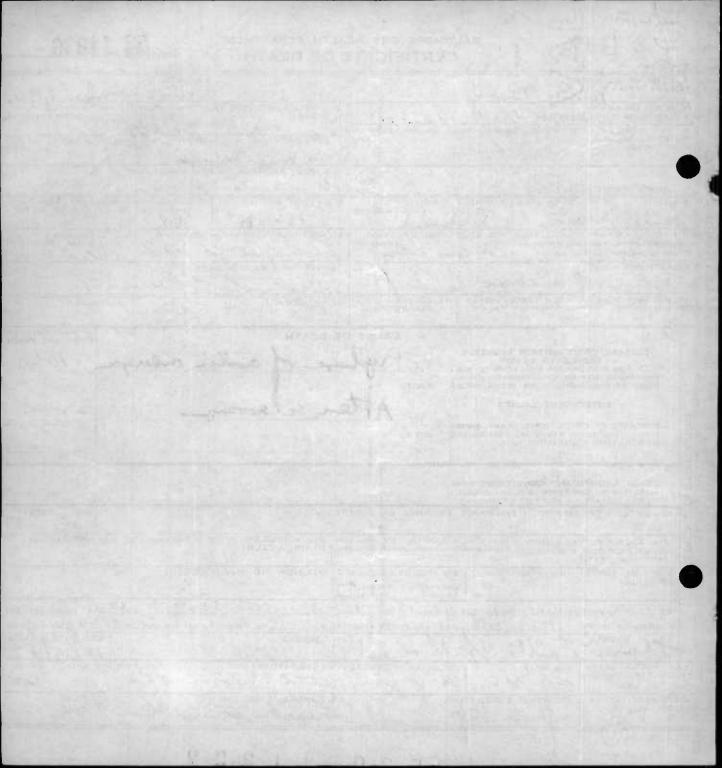
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52 11236 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' (If outside corporate limits, write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITAL D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years | If Under 1 Year | If Under 24 Hours | Inst birthday) | Months Days | Hours | Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) dooe during most of working life, even if retired) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? dyna Co WAS DECEASED EVER IN U. S. ARMED FORCES? oo or uokoown) (If yes, give war or dates of service) 16. SOCIAL (oo or uokoown) ADDRESS SECURITY NO. causes 451X CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Ū. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AU important. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 12-9 1952 to 12-9 22. I hereby certify that I attended the deceased from_ , 1952 that I last saw the deceased alive on 12-9, 1952, and that death occurred at 18 Lm., from the causes and on the date stated above. 23c. DATE SIGNED OHNS HOPKINS HOSPITAL 24A. BURIAL, CREMA-24B, DATE 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) no Bura DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS 40/Belais VS 150



correct and is especially important. Physicians: please write the causes of death clearly and legibly.

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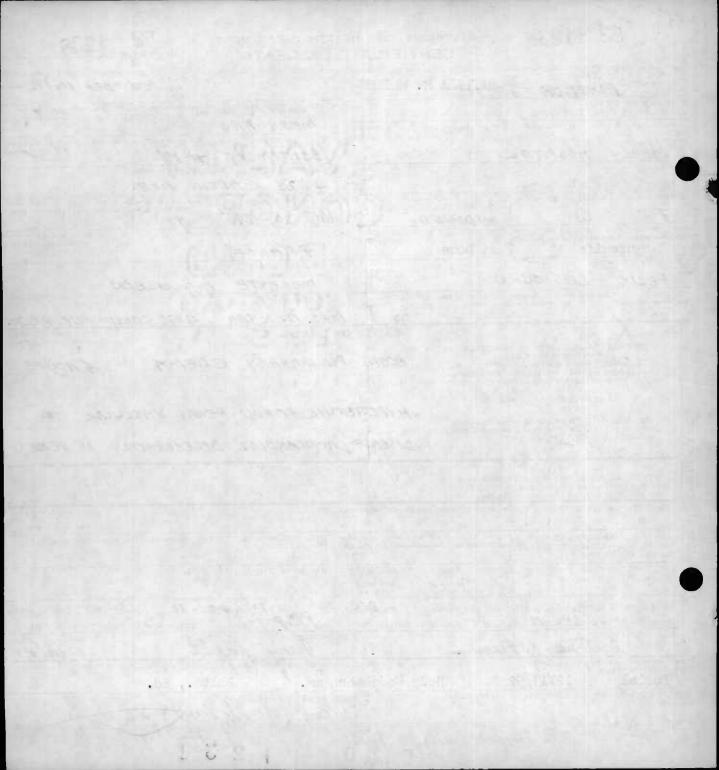
BALTIMORE CITY HEALTH DEPARTMENT

52 11237 Registered No.

BIRTH	NO. DE J.	LGUI		CERTIFICATI	L OI DEATH	-	
(Type o	E OF DECEA r Print)		PEARL G	. COLE		2. DATE OF DEATH	Dec. 10, 1952
	imore City,	Maryland			A. STATE	E (Where deceased B. COU	lived. If institution: residence DNTY before admission
B. FULL	NAME OF	(If not in hospits mbridge At arles & 31	rms Apt		c. CITY OR TOWN Baltimore	(If outside corror	rate limits, write RURAL and g
c. Leng	gth of stay in	n Baltimore		Yrs. Mos. Days	D. STREET ADDRESS Cambridge Ar		ation)
5. SEX		hite	MIDOM	E. MARRIED. /ED, DIVORCED (Specify) ATTIED	8. DATE OF BIRTH	9. AGE (In ;	years if Under 1 Year If Under 24 Hd day) Months Days Hours M
10A. US work done d	WAL OCCUPA wring most of worki None	TION (Give kind of pg life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State Pennsylvania	or foreign country) 12. CITIZEN OF WHAT COUNTS
13. FAT	HER'S NAME	. B. Gil	nore		14. MOTHER'S MAIDEN NAME Rebecca Harris		
15. WAS (Yes, no or NOI	nuknown) (II	R IN U.S. ARMED yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	Mr. Carroll L. Cole - Cambridge Arms Apt		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED						ise about 2 gist	
. 19A.	DATE OF OP	ERATION 15		FINDINGS OF OPER	ATION		20. AUTOPSY
LYI	. ACCIDENT NG OR CON	ITRIBUTING		ACE OF INJURY (e. g., in arm, factory, street, office bldg., e		(If in Baltimore	e City, give exact location)
21b OF	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY. m. WORK AT WORK						
dec	22. I hereby certify that I attended the deceased from from 7/5 2, 19, to let 10, 1952, that I last saw the deceased alige on let 9, 1952, and that death occurred at 6, m., from the causes and on the date stated above						
	. SIGNATURE	ens ?	ublet	м. р.	2 20 Gal	risen 1	Blue DOR-11/5
-	WRIAL, CREMA MOYAL (Specify 17121		2	Druid Ridge	e Cem. P	ikesville,	Md. (State
	RECEIVED BY REGISTRAR	REGISTRAR'S	+ LA	/II U.P	25 FUNERAL DIRECTO	lichener	ADDRESS MM
BEA	S 150	Hanting	ij i	2 0 n	1 1 2 3 6	Batto	17, Md.

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52 11238 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) MATILDA M. WALINS OF DECEMBER 10, 1952 DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or MARYLAND HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write AUR L and give location) INSTITUTION BALTIMORE #18 MERCY HOSPITAL D. STREET ADDRESS (If rural, give location) Yrs. Mos c. Length of stay in Baltimore CALVIN AVE. Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. JUNE 20, 1875 WIDOWE D 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? housewife at home FRANCE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LESIOURD FELIX MODESTE MALOISEAU 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO. MRS. P. RYAN 4278 CALVIN AUE. BALTO. no 18. 442X INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., MACUTE PULMONARY EDEMA HOURS heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) HYPERTENSIVE CARDIO-RENAL VASCULAR DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DISEASE: MYOCARDIAL DEGENERATION IS YEARS OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 218 PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID LYING OR CONTRIBUTING about home, ferm, factory, street, office bidg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from DEC. 10 , 1954 to Dec- 10 , 1952, that I last saw the deceased alive on DEC. 10, 195 and that death occurred at 22 pm., from the causes and on the date stated above. 23A. SIGNATURE 23C. DATE SIGNED rule ma 12/10/12 24A. BURIAL, CREMA, TION, REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 240 LOCATION (City, town, or county) Burial Holv Redeemer Cem. Balto., Md. 35 FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR 150 VS untington Waterus



BALTIMORE CITY HEALTH DEPARTMENT

52 11239

BIRTH NO.	E OF DEATH Registered No					
1. NAME OF DECEASED (Type or Print)	LLY M. PYLES		2. DATE OF DEATH	Dec. 9	, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (V			ion : residence before admission)	
B. FULL NAME OF (If not in hospital or HOSPITAL OR Methodist Home	for the Aged location)		outside caporat	e limits, write	RUAL and give township)	
2211 W. Rogers	Yrs.	Baltimore D. STREET ADDRESS (If		on)		
c. Length of stay in Baltimore	Mos. Days	2211 W. Rogers				
female white	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	Apr. 29, 1873	9. AGE (In ye last birthda	ars If Under 1 Ye y) Months Da	ays Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	at home	11. BIRTHPLACE (State or for Maryland	oreign country)		TIZEN OF HAT COUNTRY	
13. FATHER'S NAME William W. Harver		14. MOTHER'S MAIDEN N. Christina Spies	_			
15. WAS DECEASED EVER IN U.S. ARMED FOR (Yes, no or unknown) (If yes, give war or dates of se	RCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Methodist Home	Records	- 2211 W	Rogers	
18. 422.1		OF DEATH			ERVAL BETWEEN	
DISEASE OR CONDITION DIRI LEADING TO DEATH (This does not mean the mode of dy	ing, e.g., (A) Myocar	dia insufficiency	***************************************	3	days	
heart failure, asthenia, etc. It means the injury or complication which caused	d death.) DUE TO					
ANTECEDENT CAUSES	Arteri	osclerosis		1	.0 years	
DISEASES OR CONDITIONS, IF AN	Y, GIVING	•••••••••••••••••••••••••••••••••••••••	****************************	*************		
UNDERLYING CONDITION LAST.	(C)		•••••			
DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STATE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT						
TO THE DISEASE OR CONDITION CAU		ATION			O. AUTOPSY?	
AL	MAJOR TINDINGS OF OFER				ES NO	
YES NOTES NO						
21D. TIME (Month) (Day) (Year) (Horor INJURY	WHILE AT NOT WHILE		OCCUR?			
22. I hereby certify that I attend		ary 5 , 19 50, to De	cember 8,	1952, that	I last saw the	
deceased alive on 12-8- 19	52. and that death occur	red at 4 P. m., from t	he causes and	on the date	stated above.	
Culling & De	ques M.D.	38. ADDRESS 800 West 33rd S	treet-11		DATE SIGNED	
24A. BURIAL. CREMA- TION, REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City,			
Burial 12/12/52 DATE RECEIVED BY REGISTRAR'S SI	Loudon Park (Dem. Bal	to., Md.	ADDR	FSC	
LOCAL REGISTRAR	The Market	Dim. F. Sic	lener	4 San	0	
VS 150 000	5 2 0 0 .		Baeto.	17.1	md.	
3 3455		1 9 2 0		'/		

correct age is especially important. Physicians: please write the causes of death clearly and regibly.

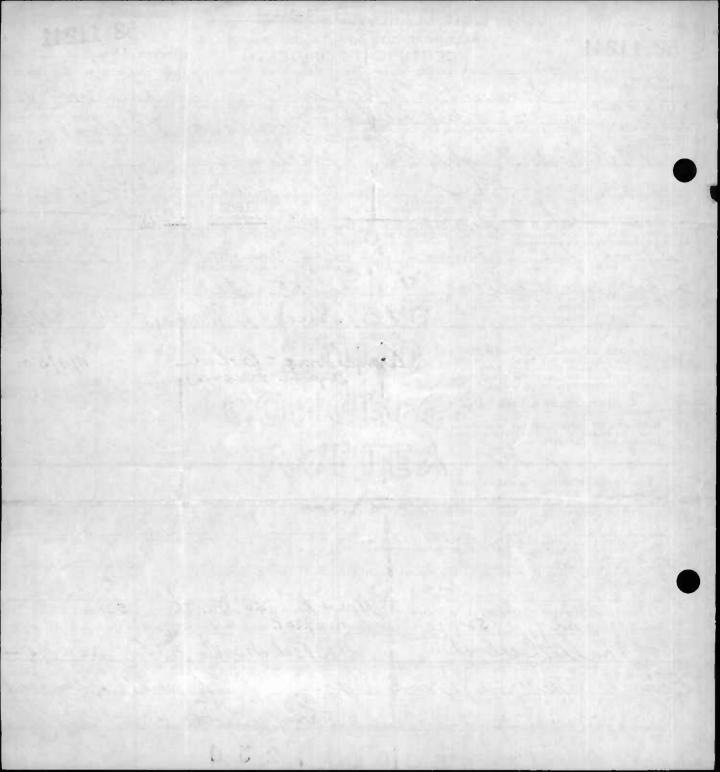
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 11240

BIRTH	H NO.	OL.	THICAL	L OF BEATH		
	ME OF DECEASED or Print)	ANNIE ISA	BELLE EGGE	RS	2. DATE OF DEATH Dec	. 9, 1952
A. Ba	ACE OF DEATH: ltimore City, Maryland			4. USUAL RESIDENCE A. STATE		
B. FUI HOSP INSTI	LL NAME OF (If not in hospit ITAL OR Hilton Nursin TUTION 3520 N. Hilto:	g Home	ve street address or location)			
c. Lei	ngth of stay in Baltimore		Yrs. Mos. Days			
	nale white	widowe	RRIED.	8. DATE OF BIRTH April 21, 1863	9. AGE (In years last birthday) M	If Under 1 Year If Under 24 Hours Conths Days Hours Min.
HOU	JSUAL OCCUPATION (Give kind of e during most of working life, even if retired) ISEWIFE	at home	USINESS OR INDUSTRY	11. BIRTHPLACE (State of Maryland	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
	THER'S NAME			14. MOTHER'S MAIDEN NAME		
	las Jackson Thompson			Elizabeth Ann	Stevenson	
(Yes, no	AS DECEASED EVER IN U.S. ARMED or unknown) (If yes, give war or dates	of service)	SECURITY NO.	17. INFORMANT Mr. Henry T.	Eggers - Cock	evsville Md.
ERTIFICATION	DISEASES OR CONDITIONS, II RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE OBATH, BUT	TANY, GIVING STATING THE C ST. TIONS CON- NOT RELATED	7/217}			
19	A. DATE OF OPERATION 1	BB. MAJOR FIND	INGS OF OPER	ATION		20. AUTOPSY?
O L	1A. ACCIDENT WAS UNDER- YING OR CONTRIBUTING AUSE OF DEATH	218. PLACE Of about home, farm, fact	F INJURY (e. g., in tory,street,office bldg.,e	a or 21c, WHERE DID INJURY OCCUR?	(If in Baltimore City,	YES NO give exact location)
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 7/5, 1952 to 9, 1952 to 6, 1952 to 6, 1952 to 7,					that I last saw the the date stated above.	
24A. TION, I	BURIAL, CRÉMA- REMOVAL (Specify)				LOCATION (City, town	n, or county) (State)
DATE		S SIGNATURE	A MARY	25 FUNERAL DIRECTO	ickner y	ADDRESS
	vs 150	0	9 5 2	00112	Batto	17, md.

52 11241 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : feedence A STATE A. Baltimore City, Maryland 480 B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Mcation) (If outside corporate limits, write HUPAT) and give C. CITY/OR TOWN INSTITUTION township) ummse Yrs. b. STREET ADDRESS (If pural, give leastion) Mos. c. Length of stay in Baltimore Days 6. COLORIOR RACE 7. MINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (17) years If Under I Year If Under 24 Hours last birthday) Months Days Hours Min. If Under 24 Hours arrela 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? trusewife imore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) of 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE ATT WORK 22. I hereby certify that I attended the deceased from Nov. 4 1. 1950 to NIC . 1957 that I last saw the 1952 and that death occurred at 9.50 ? m., from the causes and on the date stated above. deccased a live on DIC 23A. SIGNATURE 23B. ADDRES 23c. DATE SIGNED TEC 10.19J 246. LOCATION (City, town, or county) ZAA. BUNIAL, CREMA- 24B. DATE Jurial ADDRESE DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150 1

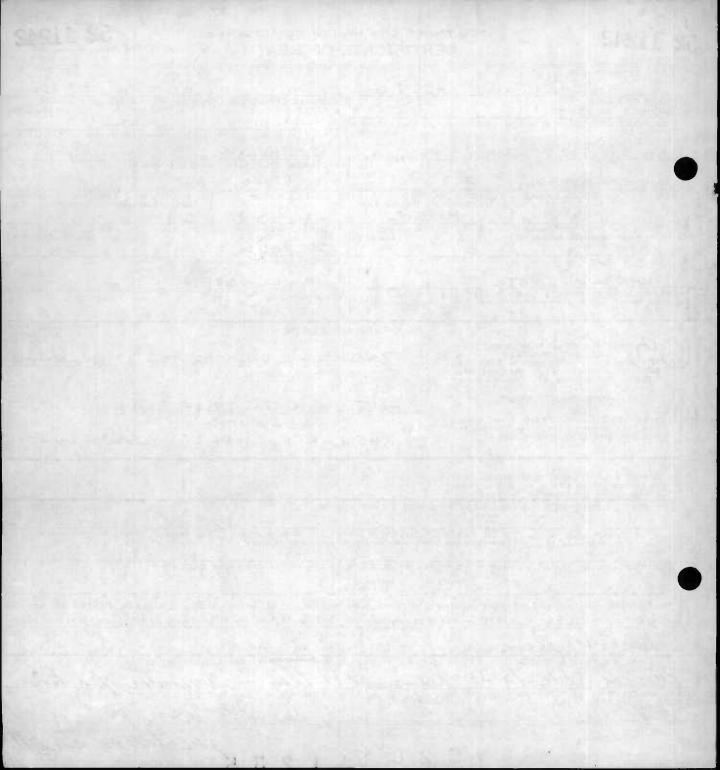


420 52 11242 BIRTH NO.	BALTIMORE CITY HE	EALTH DEPARTMENT E OF DEATH Registered No.	2 11242		
1. NAME OF DECEASED (Type or Print) MRS. GERTRUD	E HOLWIG	2. DATE OF DEATH DEE	11.1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland	1,020.9	4. USUAL RESIDENCE (Where deceased lived. If ins			
B. FULL NAME OF (If not in hospital or ins	stitution, give street address or location)	C. CITY OR TOWN (If outside corporate limits, v			
HOSPITAL FORTHE WOME	EN OF MARYLAND	WESTHINGTER	township		
	Yrs.	O. STREET ADDRESS (If rural, give location)			
c. Length of stay in Baltimore	T Mos.		6-41		
	NGLE, MARRIED, DOWED, DIVORCED (Specify)	last birthday) Month	der I Year If Under 24 Hours hs Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of 10B.)	KIND OF BUSINESS OR		2. CITIZEN OF		
work done during most of working life, even if retired)	INDUSTRY	CARROLL CO. MD.	WHAT COUNTRY		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	3.3		
FRANKLIN ZENTZ		FLICKENGER			
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no or unknown) (If yes, give war or dates of service)	ES? 16. SOCIAL SECURITY NO.		RESS		
No.	ozeckim ke.	CHART			
LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the dinjury or complication which caused of the state	death.) OUE TO (B) AORTI GIVING IS THE OUE TO	ERIAL ENDOCARDITIS C & MITRAL INSUFFICIENCY & STENOSIS UMATIC HEARTDISEASE	tyeets to yes to yes		
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSI	LATEO				
	JOR FINDINGS OF OPER	ATION	YES NO		
21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING About E	. PLACE OF INJURY (e. g., in home, farm, factory, street, office bldg., e	n or 21c. WHERE DID (If in Baltimore City, give INJURY OCCUR?	e exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRI	ED 21F, HOW DID INJURY OCCUR?			
22. I hereby certify that I attended deceased alive on DGC 11, 195	the deceased from	red at 6:15Am., from the causes and on the	date stated above		
#ldyard Hardkeinw	M. O.	WOMAN'S HOSPITAL	23C. DATE SIGNED		
DATE RECEIVED BY LOCAL REGISTRAR S SIGN	ATURE ALLES AND ATURE	Valley Westminter 70	county) (State)		

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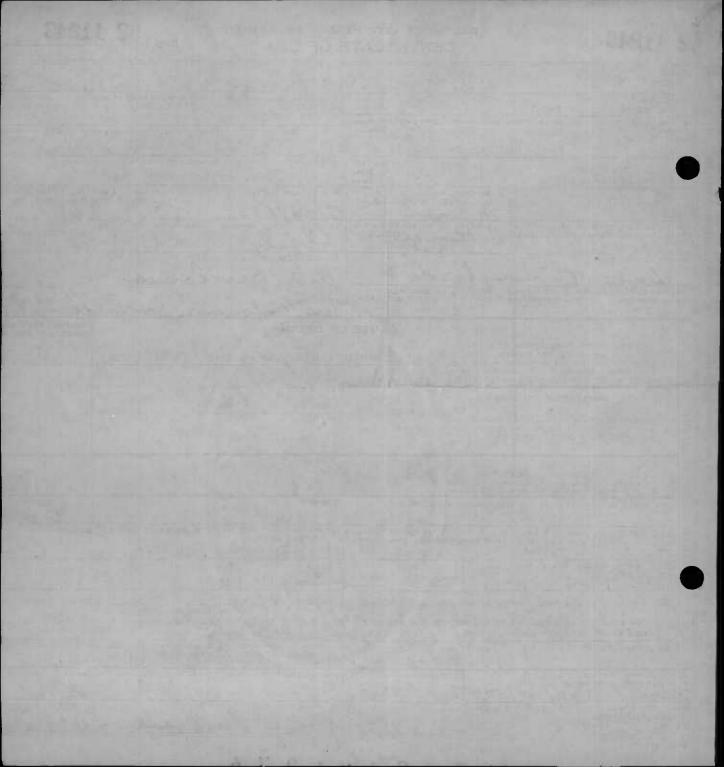
correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150



Registered N. 11243 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) SALVATORE LOMBARDO Dec. 11, 1952 DEATH 4. USUAL RESIDENCE (Where dcceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY before admission) A. STATE A. Baltimore City, Maryland Maryland B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate Imits, write HURAL and give HOSPITAL OR location) c. CITY OR TOWN township) Franklin Square Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mes. 40 S. Arlington Avenue c. Length of stay in Baltimore Days 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years It Under 1 Year It Under 24 Hours last birthday) Months: Days Hours: Min. 6. COLOR DR RACE WIDOWED, DIVORCED (Specify) Male White married 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 12. CITIZEN OF BIRTHPI ACE (State or foreign country ltimol LINDUSTRY WHAT COUNTRY ork done during most of working life, even if retired) ULA MOTHER'S MAIDEN NAM 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Crushing injury of chest and abdomen (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING TO OR CONTRIB-OTING CAUSE OF DEATH. INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) street Carrollton Ave. west of 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE Struck by auto Dec. 4. P. m. WORK AT WORK 22. I certify that I took charge of the remains described above, held an _ thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \Box , accident \boxtimes , suicide \Box , homicide \Box , undetermined \Box . S 23B, CHIEF MEDICAL EXAMINER....... 23c. DATE SIGNED 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR..... 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR



Physicians: please write the causes of death clearly and regibly.

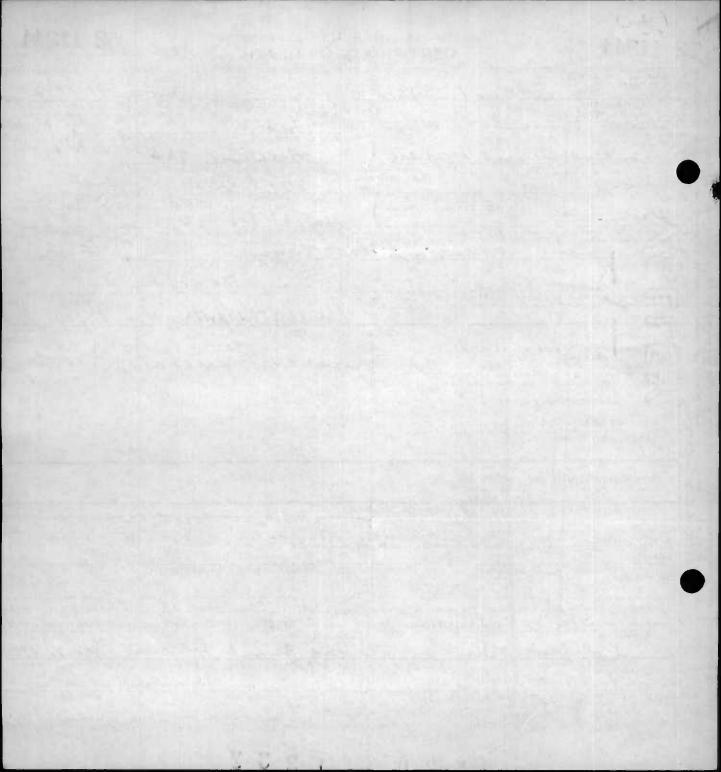
correct age is especially important.

BALTIMORE CITY HEALTH DEPARTMENT

52 11244

150	RTH NO.	C	ERTIFICATE	OF DEATH	Registered N	0
	NAME OF DECEASED					
(Ту	pe or Print) Samu	0/	Ward		2. DATE OF	11/1952
	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If i	nstitution : residence
_	ULL NAME OF (If not in hospital or in	stitution	a give street address or	4. 4	B. COUNTY	before admission)
	SPITAL OR		location)	c. CITY OR TOWN (I	f outside corporate limits	write RVRAL and give
	mainland General	140	spital	Baltin	. 40	township)
	/ / /		/ / Yrs.	o. STREET ADDRESS (I	f rural, give location)	
	Length of stay in Baltimore		Days	3712 N.	Rogers A	ve.
5. 5	A: 0	NGLE.	MARRIED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If last birthday) Mor	Under I Year Il Under 24 Hours ths: Days Hours Min.
	male while -		(0,000,000,000,000,000,000,000,000,000,	may 10'1903	49	Days Hours Min.
10A	. USUAL OCCUPATION (Give kind of 10B.	KIND C	F BUSINESS OR	11. BIRTHPLACE (State or 1	foreign country)	12. CITIZEN OF
171	lanager mo	wie	a lectures	Russia		WHAT COUNTRY?
13.	FATHER'S NAME	1	Tienaman	14. MOTHER'S MAIDEN N	IAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Same Gran	. 0		man T	markin	
15.	WAS DECEASED EVER IN U. S. ARMED FORCE	ES? 1	16. SOCIAL	17. INFORMANT	A.D.	DB4S8
(108,	no or unknown) (If yes, give war or dates of serv	ice)	SECURITY NO.	Vancha Kirk	atriev.	Phila to
	18. , 4.2.2. /		CAUSE C	F DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIREC	TIV	0,10011	, DEATH		ONSET AND GEATH
	LEADING TO DEATH		2000			7 da.
	(This does not mean the mode of dyin heart failure, asthenia, etc. It means the	disease,	· (A)	carrier my	accur	73
	injury or complication which caused	death.)	OUE'TO	0		
	ANTECEDENT CAUSES					
Z	DISEASES OR CONDITIONS, IF ANY,	CIVING	(8)	***************************************	***************************************	
ATION	RISE TO THE ABOVE CAUSE (A) STATE	NG THE	OUE TO			
X	UNDERLYING CONDITION LAST.		(C)	***************************************		
E -						
RTIFIC	OTHER SIGNIFICANT CONDITIONS	CON				
H	TRIBUTING TO THE OEATH, BUT NOT R	ELATEO				- To 4
0 -	TO THE DISEASE OR CONDITION CAUS 19A. DATE OF OPERATION 19B. MA		INDINGS OF OPERA	TION		1.00.011505010
	ISA. BATE OF OPERATION	AJOK F	INDINGS OF OPERA	TION		20. AUTOPSY?
DICA-	21A. ACCIDENT WAS UNDER. 21E	PLACI	E OF INJURY (e. g., in	or 21c. WHERE DID (If in Baltimore City, gi	YES NO
Ш	LYING OR CONTRIBUTING about	home, farm	a, factory, street, office bldg., et	INJURY OCCUR?	If in Battimore City, gi	ve exact location)
Σ -	210. TIME (Month) (Day) (Year) (Hour) 21	E. INJURY OCCURRE	D 21F. HOW DID INJUR	Y OCCUR?	
	OF INJURY		LE AT NOT WHILE			
			ORK L AT WORK L	1 1		
	22. I hereby certify that I attended					
_	deceased alive on Lee 11, 19-	SZ an			the causes and on the	
	23A. SIGNATURE	,		B. ADDRESS	1601:00	23C. DATE SIGNED
244	BURIAL REMAY DATE	121	M. O. C. NAME OF CEMETER	YOR CREMATORY 240	OCATION (City, town, o	or county) (State)
Tyon	A. BURIAL TREMA, 24B. DATE		C. NAME OF CEMETER	OR CREMATORT 240. L	D A A D D	(State)
1/4	moval 12-11-195		A		Madelegating	19
	TE RECEIVED BY REGISTRAR'S SIG	NATURE	Hieron Ha	25. FUNERAL DIRECTOR		ADDRESS

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BALTIMORE CITY HEALTH DEPARTMENT

52 11245

Registered No_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Herbert U. Dove DEATH Dec. 10, 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give Marylander Apartments INSTITUTION St. Paul St. & Univ. Pkwy Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days Marylander Apts. St. Paul & Univ. Pkwy. 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) Male Oct. 23, 1867 White married 10A. USUAL OCCUPATION (Give lind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired)
Ret. Insurance Broker INDUSTRY WHAT COUNTRY? Fire Insurance Prince George, Maryland U. S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Busey Dove. Martha A. Phipps 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) Unknown SECURITY NO. Mrs. Georgia Howard Dove St. Paul & Univ. INTERVAL HENWEEN CAUSE OF DEATH 18. 450.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart fallure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE WORK 22. I hereby certify that I attended the deceased from. 1947, to. 10, 19 1, that I last saw the deceased alive on_ 1952, and that death occurred at 10 .m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 1114 St. Paul St. Dec. 11. 24A BURIAL CREMA-TION REMOVAL (Specify) 24B. DATE 24c. NAME of CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Burial Dec. 12. 1952 Ridge Cemetery Druid Baltimore, Co., Maryland DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR John O. Mitchell & Sons Inc. 1900 Eutaw

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Place

A MARKET STATE OF THE STATE OF

NOT WHILE 7-26-22. I hereby certify that I attended the deceased from____ . 19 5] to 12-11 , 19 52 that I last saw the 19.52, and that death occurred at 8:301m., from the causes and on the date stated above. 23c. DATE SIGNED

ADDRESS

2101 TREDERIC

deceased alive on 12-11 23A. SIGNATURE

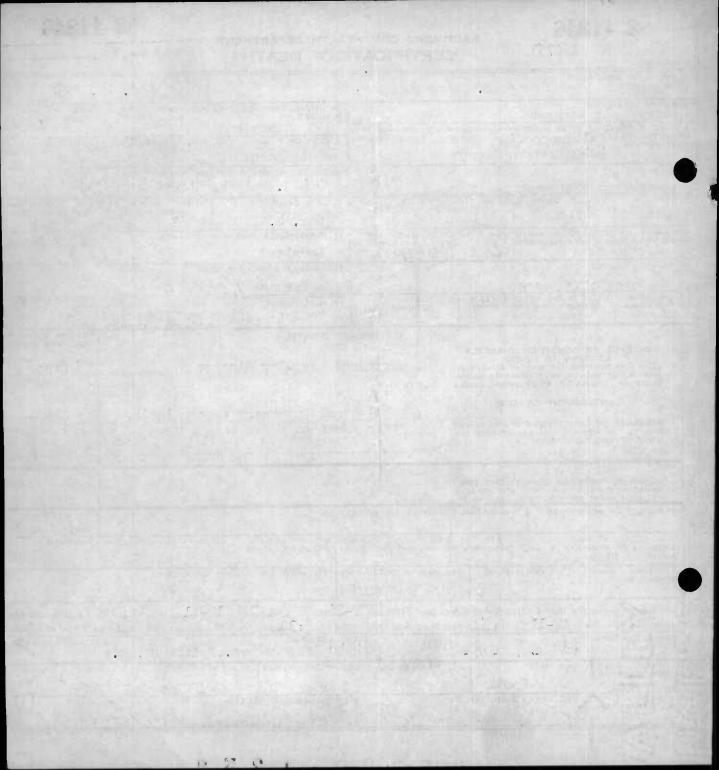
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4940 Eastern Ave., Baltimore, Md 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) 24B. DATE

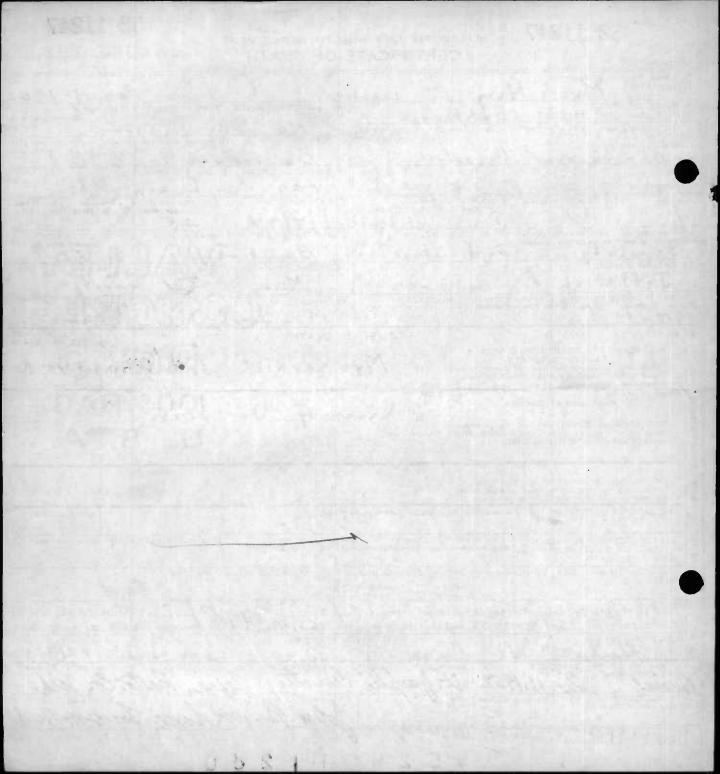
TION REMOVAL (Specify) ATHEORAL 12-15-52 DURIAL DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

25. FUNERAL DIRECTOR

OF INJURY



BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or CHENRO HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION DAL Yrs. (If rural, give location) D. STREET ADDRESS Mos. c. Length of stay in Baltimore 600 Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. B. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 2606 2 46 13. FATHER'S NAME erson hon 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 35m0 18. INTERVAL BETWEEN CAUSE OF DEATH 120,1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTIFICA (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or) 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, atreet, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT WORK 22. I hereby certify that I attended the deceased from 12 ended the deceased from 12 5, 1952 to 12, 1952, that I last saw the 1952 and that death occurred at 6:15/m., from the causes and on the date stated above. . 1952 that I last saw the deceased alive on 12 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL. CREMA-TION, REMOVAL (Specify) 24B. DATE 240. LOCATION (City, town, or county) 24C NAME DE CEMETERY OR CREMADORY DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

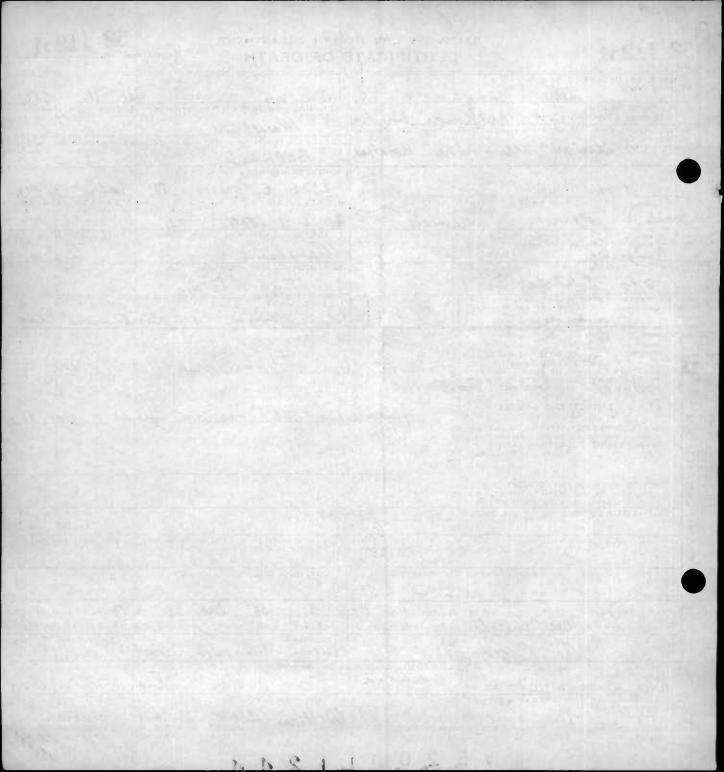
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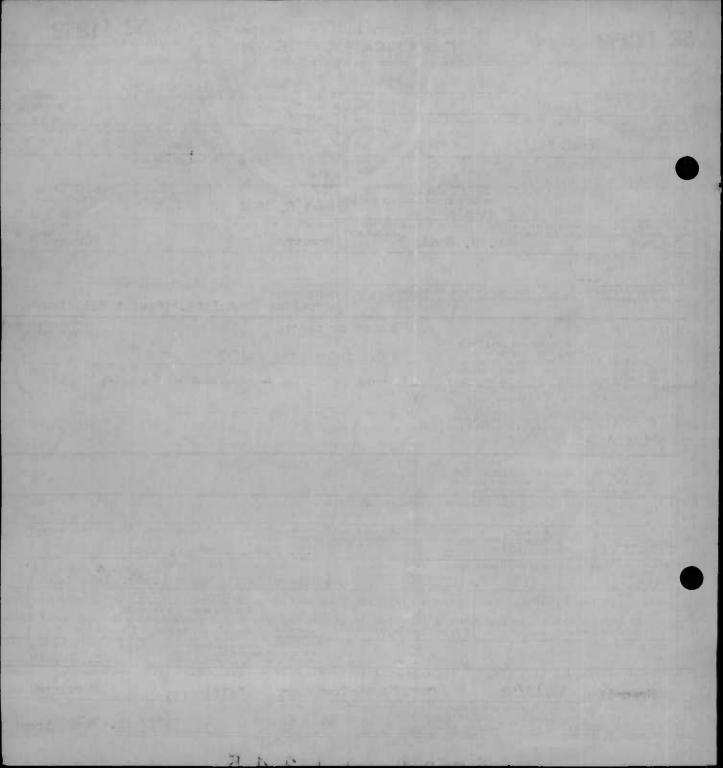
BÍÁTH NÓ.	OLKIN IOATI	- OI DEATH			
	M. Orem	oF December 11, 1952			
B. FULL NAME OF (If not in hospital or ins HOSPITAL OR INSTITUTION COOR BELLONA AV		4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission			
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 2728 Prospect Street			
5. SEX 6. COLOR OR RACE 7. SIN	NGLE, MARRIED, DOWED, DIVORCED (Specify) 11dowed	8. DATE OF BIRTH Solution 1882 About 1882 About 70 Solution of Birth Solution of			
work done during most of working life even if setired)	y Yard INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland 12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no or onknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	Viola Ness, 420 Shipley Rd. Linthicum Hgh			
LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the dinjury or complication which caused of the complex of th	CON-	rebral Abramboris rterio-scleroses Santtej:			
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS YES NO 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING bout home, farm, factory, street, office bidg., etc.) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE ATT NOT WORK 22. I hereby certify that I attended the deceased from NOT WHILE ATT NOT WORK 23A. SIGNATURE 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNATURE					
24A. BURIAL CREMA- TION REMOVAL (Specify) burial 24B. DATE 12/13/52	24c. NAME OF CEMETEL Loudon Park	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)			
DATE RECEIVED BY REGISTRAR'S SIGN	117110	Mm. Cooke Inc., 1217 St. Paul Street			
VS 150	- 544	9/010			

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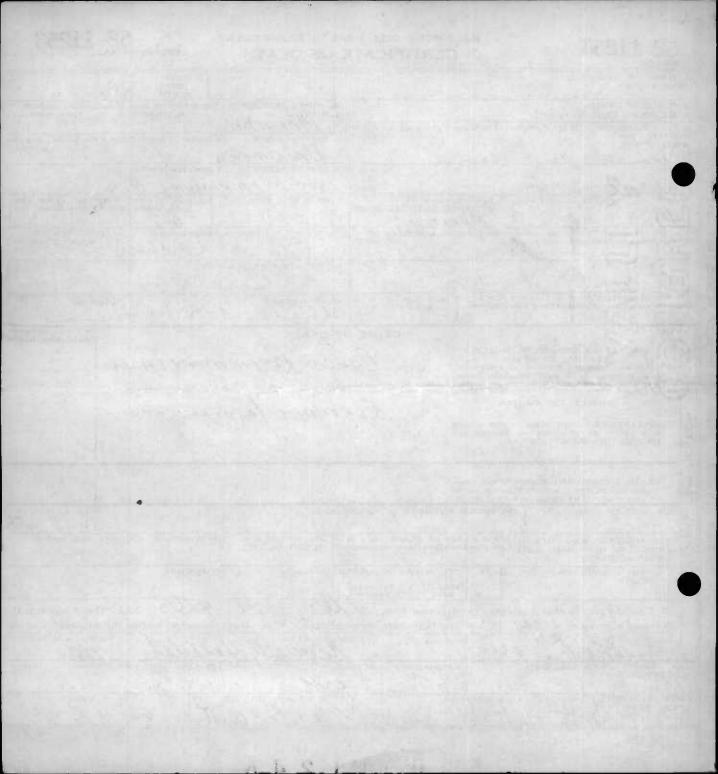
in Document file stating Mr. Maloney's residence previous to hospitalization

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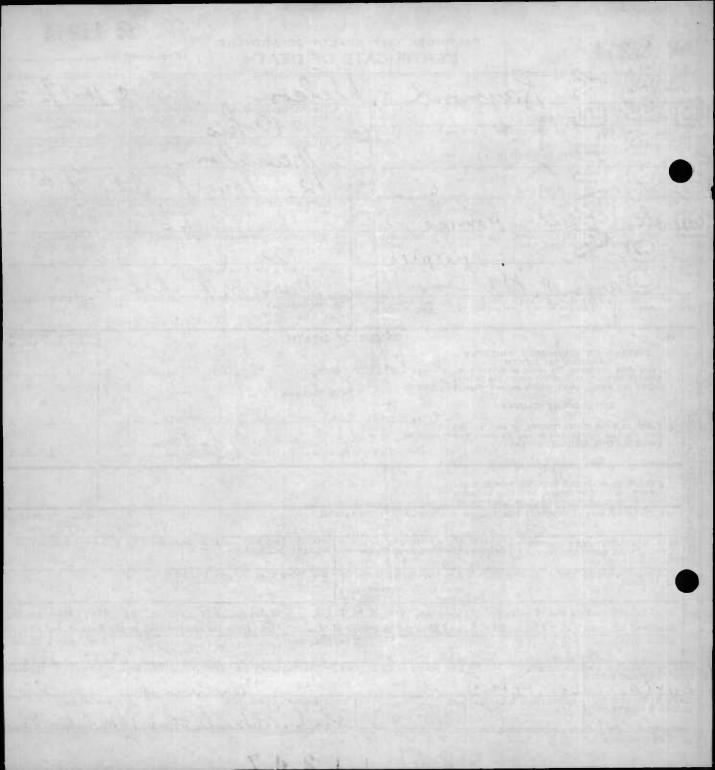
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52 11255 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. CQUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. (If rural, give location) D. STREET ADDA Mos c. Length of stay in Baltimore OMAC Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In years If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Give kind of 1 BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY MUDAIRY 13. FATHER'S NAME CHULTZ 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) SECURITY NO 2124 WILKENS ANE -10-3465 DEATH 20.0 and ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH MONARY EDE MA (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES MYOCARBIAL FAILURE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ARTERIOSCLEROTIC HEART DISEASE ERTIFI OTHER SIGNIFICANT CONDITIONS CON-

CARCINOMA OF LARGE BOWEL TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION YES A NO

218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID LYING OR CONTRIBUTION about home, ferm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

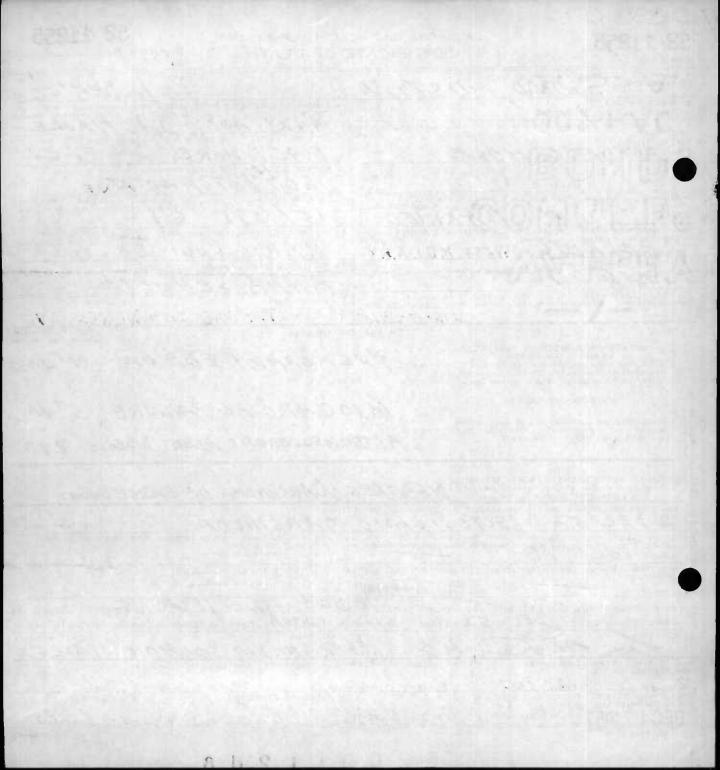
F INJURY WHILE AT NOT WHILE

11 DEC. 1952 that I last saw the 22. I hereby certify that I attended the deceased from 10 DEC. 1952 to deceased alive on 11 DEC 19 52 and that death occurred at 235 An., from the causes and on the date stated above. 238. ADDRESS 23c. DATE SIGNED

23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Wood

DATE RECEIVED BY 25 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 150



52 11256 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEAT 4. USUAL WESIDENCE (Where deceased lived, If institution residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR JOHNS HOPKINS HOSPITAL location) (If outside corporate limits, write RURAL and give (If rural, give location) Yrs. D. STREET ADDRESS Mos. arrison c. Length of stay in Baltimore Days AGE (In years | H Under I Year | If Under 24 Hours last birthday) | Months Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Feb. 5, 1892 OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF rk doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? housewife Maryland at home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emma Oscar 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) SECURITY NO. JOHNS HOPKINS HOSPITAL 18. INTERVAL BETWEEN 456 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) ASPIRATION PNEUMONIA LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CEREBRAL HEMORRHAGE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUF TO PERIARTERITIS NODOSA

21F, HOW DID INJURY OCCUR?

21c. WHERE DID

INJURY OCCUR?

20. AUTOPSY YES V

. 1952 that I last saw the

ADDRESS

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED

about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21B. PLACE OF INJURY (e.g., in or

NOT WHILE!

WHILE AT

22. I hereby certify that I attended the deccased from 12-9 deccased alive on 12-9, 1952 and that death occurred at 10.5

24R. DATE 24c. NAME of CEMETERY OR CREMATORY | 24o. LOCATION (City, town, or county)

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

1952 to 13-9

Xm., from the causes and on the date stated above. 23c. DATE SIGNED

23A. SIGNATURE

ED

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial

21A. ACCIDENT WAS UNDER.

Loudon Park Cem.

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

10/11/Am

25 FUNERAL DIRECTOR

Balto., Md.

(If in Baltimore City, give exact location)

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 11257

BALTIMORE CITY HEALTH DEPARTMENT

52 11257 Registered No.

BIRTH NO.	Lauda Nod C. P. P.			_ O.		
1. NAME C (Type or Pri	of DECEASED WILLIAM	E. TI	CKNER		OF DEATH	11, 1952
	re City, Maryland			4. USUAL RESIDENCE (W	here deceased lived. In B. COUNTY	institution: residence before admission
B. FULL NA			tion, give street address or location)		autoida componeta limi	A - 4 DIDAY
INSTITUTIO		-	Home	C. CITY OR TOWN (If outside corporate limits, write RURAL and give baltimore township) D. STREET ADDRESS (If rural, give location)		
	Bellona & Me	rose .	Ave.			
c. Length	of stay in Baltimore		Mos. Days	formerly of 27		e.
male	6.COLOR DR RACE white	7. SINGL WIDOV Ma:	E. MARRIED. VED DIVORCED (Specify) Pried	Mar. 14, 1866	9. AGE (In years last birthday)	onths Days Hours Min.
10A. USUAL	L OCCUPATION (Give kind of most of working life, even if retired)	10B. KINI	OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
Presid		Funer	al Directors	Maryland		WHAT COUNTRY
13. FATHER	R'S NAME			14. MOTHER'S MAIDEN NA	AME	
Willia	m J. Tickner			Margaret Pumphre	v	
15. WAS DEC	CEASED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		DDRESS Rd.
no or unki	(11 yes, give war of dates	or service)	218-09-1369	Mr. C. Howard Ti		2400
18.	1611 V			OF DEATH	014101 101 1 - 22	INTERVAL BETWEEN
(This	SEASE OR CONDITION LEADING TO DEAT	H f dying, e.	E. Sculo (Engisting Cardy	ie Zailing	Hays.
injury	failure, asthenia, etc. It mean y or complication which co ANTECEDENT CAUS	aused death	DUE TO and	in Selvote Can	dia disco	M 3 year
RISE	ASES OR CONDITIONS, IF TO THE ABDVE CAUSE (A) ERLYING CONDITION LA	STATING TI	NG (B)	Stone Cho	me Coli	ayu-
OTHE	II ER SIGNIFICANT CONDITION OF THE DEATH, BUT IN THE DISEASE OR CONDITION	NDT RELATI	ŁD .			
, 19A. DA			FINDINGS OF OPER	RATION		20. AUTOPSY?
5	0					YES NO
LYING	OF DEATH		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	n or 21c. WHERE DID (I etc.) INJURY OCCUR?	f in Baltimore City,	give exact location)
2 1D. TIN	ME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
OF INJU	JRY	m.	WHILE AT WORK AT WORK			
22 7 1	anabar assister that I at			- 1 - 1957, to 1	- 4 105	5 47 17 7 17
denega	ereby certify that I att	enaea the	aeceasea from	rred at 1.30 Am., from the	ha anunca and an	2, that I last saw the
23A, SIG	GNATURE	, 15		23B. ADDRESS	//	23c. DATE SIGNED
11	ir wand It 1	118/2	mu M.O.	2604 yarru	son (Host	12 -14 -52
24A. BURIA	AL, CREMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 240. LO	OCATION (City, town	, or county) (State)
Burial	12/13/5	2	Druid Ridge (esville, Md.	
LOCAL REC			JŘE .	25 FINERAL DIRECTOR	lever +	ADDRESS
VS 15	50	1	5 2 0 0	2 600	eto 17,1	nd.

E.C. Name Volument. Name

BALTIMORE CITY HEALTH DEPARTMENT Register 2No 11250 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) HELEN SCHROTH December 10, 1952 BARTH DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A. STATE Marvland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore University Hospital Yrs. D. STREET ADDRESS (If rural, give location) Mos. 910 Wilmington Avenue c. Length of stay in Baltimore Days 5. SEX 6 COLOR OF RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Linder 1 Year and last birthday) Months Days Hours Min. WIDOWED DIVORCED (Specify) Female White Jan. 25, 1879 73
11. BIRTHPLACE (State or foreign country) married 10A. USUAL OCCUPATION (Givekinder) 108, KIND OF BUSINESS OR 12. CITIZEN OF clearl work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY! Washington, D. C. housewife at home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Souder Helen Barth 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Mr. Louis W. Schroth - 910 Wilmington Ave. - no no INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Pulmonary embolus heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) MUKKE. ANTECEDENT CAUSES Thrombophlebitis of left iliac vein DISEASES OR CONDITIONS, IF ANY, GIVING XXVXXXX RISE TO THE ABOVE CAUSE (A) STATING THE Fracture of left hip UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB-UTING CAUSE OF DEATH. INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) Eutaw Savings Bank, Baltimore & Eutaw Bank 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE Nov. 28. 12:15 P.m. Thrown to ground in revolving door WORK Autopsy 22. I certify that I took charge of the remains described above, held an _ thercon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \(\sigma\), accident \(\mathbb{Z}\), suicide \(\sigma\), homicide \(\sigma\), undetermined \(\sigma\). 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER..... 23c. DATE BIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR. 24A. BORTAL, CREMA-TION, REMOVAL (Specify) Burial NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or counts) Mt. Olivet Cem. Balto. DATE RECEIVED BY FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 151

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BALTIMORE CITY HEALTH DEPARTMENT

52 11259

BIRTH NO.	CERTIFICAT	E OF DEATH	Registe	ered No.
1. NAME OF DECEASED (Type or Print)			2. DATE	
JOH	N HENRY ZINK		DEATH D	c. 10.1952
A. Baltimore City, Maryland 1400	N. Caroline S	T. A. STATE	E (Where deceased li B. COUN	ved. If institution : residence TY before admission
B. FULL NAME OF (If not in hospital or in HOSPITAL OR	stitution, give street address or location)	c. CITY OR TOWN	(Y6 A-: 1-	
INSTITUTION	oh's Hospital	Baltimore		te limits, write RURAL and giv
	Yrs.	D. STREET ADDRESS		ion)
e. Length of stay in Baltimore	Mos. Days	901 S. Conkl	in Street -	. 24
5. SEX 6. COLOR OR RACE 7. SI	NGLE, MARRIED, IDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		
Male White	Married	October 17,		y) Months Days Hours Min
work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY
Carpenter	Self	Maryland,	Cockeysvi	lle U.S.A.
	Carret .	14. MOTHER'S MAIDEN		
George Zink 15. WAS DECEASED EVER IN U. S. ARMED FORCE	ES7 16. SOCIAL	Ella B		
(Yes, no or nnknown) (If yes, give war or dates of serv.	SECURITY NO.	Margaret M.	Zink 901	ADDRESS S. Conkline C
18. 443 X	CAUSE	OF DEATH	ZIIIK JOI	INTERVAL BETWEEN
DISEASE OR CONDITION DIREC		OI BEATH		ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying		ia		
heart failure, asthenia, etc. It means the injury or complication which caused	disease.	•••••••••••••••••••••••••••••••••••••••	***** *********************************	
ANTECEDENT CAUSES				
		rtensive Cardio	vascular Di	8 05. S 0
DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIS		Congestive Hea	rt Failure	***************************************
DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATII UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS	(C)	***************************************	***** ********************************	
OTHER SIGNIFICANT CONDITIONS				
TRIBUTING TO THE DEATH, BUT NOT R	NG IT.			
19A. DATE OF OPERATION 19B. MA	JOR FINDINGS OF OPER	ATION		20. AUTOPSY?
\delta \de	PLACE OF INJURY (e.g., in	- Late WHERE DIE	(10 '- D 14'	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about CAUSE OF DEATH	home, farm, factory, street, office bldg., e	a or 21c. WHERE DID INJURY OCCUR?	(II in Baltimore	City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRI	ED 21F. HOW DID INJ	URY OCCUR?	
OF INSURY	m. WHILE AT NOT WHILE			
22. I hereby certify that I attended	the deceased from Dec.	9th 1952 to	Dec. 10th	1952, that I last saw th
deceased alive on Dec. 1.0, 195	2 and that death occur	red at 10:50pm., from	m the causes and	on the date stated above
23A. SIGNATURE Carles Come		3B. ADDRESS	o Ctuant 1	23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE. TION, REMOVAL (Specify)		400 N. Carolin		3 Dec. 10, 1952 , town, or county) (State)
Burial 12-13-52			Cockeysvil	
DATE RECEIVED BY REGISTRAR'S SIGI		25. FUNERAL DIRECTA		
LOCAL REGISTRAR	Way John	O. b. de .	L:1 90	1 S. Conkling
VS 150		Maries S.	felle	16

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TELET . TELET 10 10 mg 10-17 THE RESERVE OF THE PROPERTY OF a to LEHRANDE COMPANY OF A PROPERTY COMPANY OF THE PROPERTY OF Bud Bud Colored Annual Land 1 - 1 O V

52 11260 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH

BINTH NO.							
1. NAME OF (Type or Prin	F DECEASE		AX C	• HILSE		2. DATE OF DEATH DEC.	9,1952.
3. PLACE OF A. Baltimor	re City, M	aryland 39	920 Fo	ster Ave.	4. USUAL RESIDENCE A. STATE		
B. FULL NATHOSPITAL	OR	lf not in hospita	al or instituti	ion, give street address or location)		(If outside corporate limits	write RIDAL and give
INSTITUTIO	N					imore	township)
			Abou	+ 45 yrma Yrs.	D. STREET ADDRESS (4.
c. Length of	of stay in 1	Baltimore	ADOU	t 45 yrs Yrs. Mos. Days	3920	Foster Ave.	
5. SEX		OR OR RACE	7. SINGLE	. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years if last birthday) Mon	Under 1 Year if Under 24 Hours
Male	Wh	ite		arried (Specify)	March 3.1884	last birthday) Mor	nths Days Hours Min.
10A. USUAL	OCCUPATI	ON (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or		12. CITIZEN OF
	cher	ife, even if retired)	Esska	v Co.	German	r	U.S.A.
13. FATHER		.013	TODE	119)	14. MOTHER'S MAIDEN		U.D.R.
	พ้ำาา	iam Hil	las	(14)	Vother	ine Schuman	
15. WAS DEC	EASED EVER	IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		DRESS
Yes, no or unkno	own) (If yes	, give war or date:	s of service)	213-05-250		3920 Foster	
18.	1 1	110			OF DEATH	ODEO FOR OCT	INTERVAL BETWEEN
12	FASE OP	I CONDITION	DIRECTLY	CAUSE	OF DEATH	1	ONSET AND DEATH
(This	LEADII	NG TO DEAT	TH	Can		Line	1. 6
l heart f	ailure, asther	nia, etc. It mean	ns the disease	3		(******
Injury				.) DUE TO			
7	ANTEC	EDENT CAUS	ES				
O DISEA	SES OR CO	NDITIONS, IF	ANY, GIVIN	(B)G	**************************************		*****
UNDE	RLYING CO	E CAUSE (A)	STATING TH				
<u>U</u>				(C)	***************************************		******
OTHE		11		TV PARTY	10		
W TRIBUT	TING TO THE	DEATH, BUT	NOT RELATE	D	- 1.6		1. 6
	E DISEASE OF	ATION 1		FINDINGS OF OPER	ATION		20. AUTOPSY?
a un	1 ans a	0	ob. mason	TINDINGS OF OFER	911014		YES NO
	CIDENT WA		218. PLA	CE OF INJURY (e.g., i	n or 21c. WHERE DID	(If in Baltimore City, g	
CAUSE	OF DEATH	RIBUTING		arm, factory, street, office bldg.,			
OF INJU	E (Month)	(Day) (Year)		21E. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?	
			m. V	WORK NOT WHILE			
22. I he	reby certif	y that I att	ended the	deceased from Que	1 /1 , 1957,00		that I last saw the
		Vec SY	, 19 5-7	and that death occur	red at 8:30 nA, Abon	the causes and on th	e date stated above.
23A. SIG	NATURE	Al	40	0 0 2	3B. ADDRESS	10	23c. DATE SIGNED
70	Special Contract	/N	dast	Rel M.D.	637). Coul	eling St.	Dec. 11 1902
24A. BURIA TION, REMOVA	L (Specify)	248. DATE	2	24c. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, town,	
Buri		12- 12	-52.		Cemetery 33	10 Taylor Av	e. Ba. Co. Md
DATE RECE LOCAL REG		REGISTRAR'	SSIGNATU	Williams. Mis	5 FUNERAL DIRECTOR	901 S. C	onkling ST
DEC 12	1057	Hunn		1800cton. 3 4	Charles A. De	ller	*
VS 15	01002	724	U	10	01/1		
				69	040 V		
			745			- CONT.	

.Soulf. T. Desc. Diggs. SIDE TO SECURE OF THE PARTY. ATTO CONTRACTOR THE STATE OF THE S . NA ANTROL DERS SERVING M. H. M. MARCH OF THE PERSON WILLIAM

52 11261 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE Mary T. Rich Dec. 10/52 (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Bon Secours Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 108 Allendale St. Life c. Length of stay in Baltimore 8. DATE OF BIRTH 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGF (In years H Under | Year MWIDOWED DIVORCED (Specify) last birthday) | Months: Days | Hours | Min. Female White Dec. 18.1888 10A. USUAL OCCUPATION (Give k nd of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Balto. Md. Own Home H.W. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME -----На77 Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yee, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Harry J. Rich. 108 Allendale St. NTERVAL BETWEEN 18. CAUSE OF DEATH Expliteren DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-11 TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT, SUICIDE, 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) Pid. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE AT WORK 10. JU19_, that I last saw the 22. I hereby certify that Lattended the deceased from. ., 19. . to_ and that death occurred at m., from the causes and on the date stated above. deceased alive on_ 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS 24A. BURIAL CREMY TION REMOVAL (Specify) Burial 24C. NAME OF CEMETERY OF CREMATORY 13/52 Parkwood Baltimore. Md. ec. 25. FUNERAL DIRECTOR DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR unlington Ce 4101 Edmondson Ave.

VS 150

and for hope Market Market 0:01.1

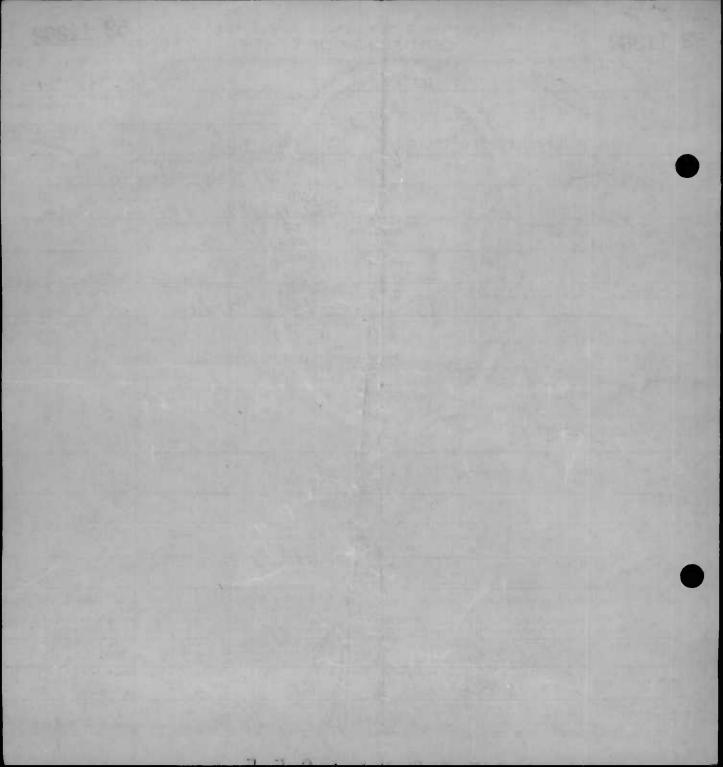
Registered No. 11260 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) VASTI WILLIAMS Dec. 11 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF f not in hospital or institution, give street address or HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION University Hospital D. STREET ADDRESS (If rural, give location) Mos. 1206 Etting Street Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Female Colored 10A. USUALAOCCUPATION (Give kind of BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during post of working life, even if retired) WHAT COUNTRY INDUSTRY 13. FATHER'S NAME 14, MOTHER'S /MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL MEORMANT ADDRESS . (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN 18. 443 X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Hypertensive cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 19A. DATE OF OPERATION NO X 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS INJURY OCCUR? UNDERLYING [] OR CONTRIB. UTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE AT WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \boxtimes , accident \square , suicide \square , homicide \square , undetermined \square . 23A. SIGNATURE 238 CHIEF MEDICAL EXAMINER X 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER Dec. 11, 1952 MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF SEMETERY OR CREMATORY 24D. LOCATION, (City, town, or county) (State) DATE RECEIVED BY REGISTRAR'S FUNERAL DIRECTOR ADDRESS

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CERTIFICATE OF DEATH

egistered No. 11263

BI	RTH NO.			CERTIFICATI	E OF DEATH	Registered N	0	
1.	NAME OF D	ECEASED				2. DATE		
	ype or Print)		Dorot	hea Heimille		DEATH DEC		
	Baltimore (City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived, If in B. COUNTY	nstitution; residence before admission)	
8.	FULL NAME	OF (If not in hospit	tal or institut	tion, give street address or	Mar	yland		
	SPITAL OR	Melchoir	Nursi	ng Home location)		outside corporate lineis	write RUKAR and give township)	
-)	2327 N.C		77	Baltimor			
	Tanadh as a	4 :- D-14:	L	Mos.	D. STREET ADDRESS (If rural, give location) 4512 Springdale Ave			
	SEX	tay in Baltimore	7. SINGL	Days Days E, MARRIED.	8. DATE OF BIRTH	9 AGE (In years) ff	Under 1 Year H Under 24 Hours	
773			WIDOW	VED, DIVORCED (Specify)	Aug 17 1878	last birthday) Mon	ths Days Hours Min.	
10	emale	White CUPATION (Give kind of	Sing	OF BUSINESS OR	11. BIRTHPLACE (State or fo		12. CITIZEN OF	
work	Housew	of working life, even if retired)		INDUSTRY		de l'ensons	WHAT COUNTRY?	
13	FATHER'S				14. MOTHER'S MAIDEN N	AME		
16		William H	eimill	er	Wilhelmina	Broemer		
15	. WAS DECEAS	ED EVER IN U. S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT		DRESS	
(10	s, no or unknown)	(If yes, give war ar date	es of service)	SECURITY NO.	Lula Heimille	r 4512 Spri	ngdale Ave	
	18. 5 /	2	7.	CAUSE	OF DEATH		INTERVAL BETWEEN	
	100	SE OR CONDITION	DIRECTLY				ONSET AND DEATH	
		LEADING TO DEA	TH	g., (A)	R7Kaus CURUS 15		J. 152	
	heart failt injury or	ure, asthenia, etc. It mer complication which	ans the diseas caused death	se, h.) DUE TO	8 8			
		ANTECEDENT CAU	SES	telluka in ka	LANCE U	EULTUS		
Z				(2)	ascres H	Ecch 02	370	
일	RISE TO	S OR CONDITIONS,	STATING T				20	
ERTIFICATION	UNDERL	YING CONDITION L	AST.					
E		11		(C)				
R		SIGNIFICANT COND						
CE	TO THE	G TO THE DEATH, BUT DISEASE OR CONDITION	N CAUSING	1T				
۲	19A. DATE	- 1 Cul	19B. MAJOR	FINDINGS OF OPER	RATION	INCS ENE		
EDICA	10001				7 166 - 161	VACC FALL	20. AUTOPSY?	
0	21A. ACCIDI		218. PL	ACE OF INJURY (. E. I	C Car	If in Baltimore City, g	YES NO	
ш	21A. ACCIDI HOMICIDE	ENT. SUICIDE. (Specify)	218. PL	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	n or 21c. WHERE DID (YES NO	
E	HOMICIDE	ENT. SUICIDE. (Specify)	about home,	ACE OF INJURY (e. g., if farm, factory, street, office bldg.,	n or 21c. WHERE DID (INJURY OCCUR?	If in Baltimore CRy, g	YES NO	
E	HOMICIDE	ENT, SUICIDE,	about home,	farm, factory, street, office bldg., 21E. INJURY OCCURR WHILE AT NOT WHILE	n or 21c. WHERE DID (INJURY OCCUR?	If in Baltimore CRy, g	YES NO	
IEI	HOMICIDE 21b. TIME OF INJURY	ENT. SUICIDE. (Specify) (Month) (Day) (Year	about home, (Hour) m.	21E. INJURY OCCURR WHILE AT NOT WHILE WORK NOT WHILE AT WORK	ED 21F. HOW DID INJUR	If in Baltimore City, g	YES NO No ive exact location)	
IEI	POMICIDE 21D. TIME OF INJURY 22. I hereb	ENT. SUICIDE. (Specify) (Month) (Day) (Year	about home, (Hour) m.	farm, factory, street, office bldg., 21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK deceased from	ED 21F. HOW DID INJUR , 19 , to	If in Baltimore City, g	YES NO No ive exact location)	
IEI	21D. TIME OF INJURY 22. I hereb deceased a	ENT. SUICIDE. (Specify) (Month) (Day) (Year oy certify that I at live on DEC. 12	about home, (Hour) m.	farm, factory, street, office bldg., c 21e. INJURY OCCURR WHILE AT NOT WHILE WORK NOT WHILE AT WORK deceased from and that death occur	ED 21F. HOW DID INJUR	If in Baltimore City, g	YES NO No ive exact location)	
JE.	POMICIDE 21D. TIME OF INJURY 22. I hereb	ENT. SUICIDE. (Specify) (Month) (Day) (Year oy certify that I at live on DEC. 12	about home, (Hour) m. tended the	farm, factory, street, office bldg., c 21e. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK deceased from and that death occur M. P.	ED 21F. HOW DID INJUR 21F. HOW DID INJUR 19, to 13B. ADDRESS	Y OCCUR? , 19 the causes and on th	yes No No vive exact location) , that I last saw the e date stated above.	
	21D. TIME OF INJURY 22. I hereb deceased a 23A. SIGNA	(Month) (Day) (Year on Dec. 12	about home, (Hour) m. tended the	farm, factory, street, office bldg., c 21e. INJURY OCCURR WHILE AT NOT WHILE WORK NOT WHILE AT WORK deceased from and that death occur	ED 21F. HOW DID INJUR 21F. HOW DID INJUR 19, to 13B. ADDRESS	If in Baltimore City, g	yes No No vive exact location) , that I last saw the e date stated above.	
24	21d. TIME OF INJURY 22. I hereb deceased a 23a. SIGNA 4a. BURIAL, ON, REMOVAL (S. BURIAL)	(Specify) (Month) (Day) (Year on Dec. 12) TURE CREMA-Specify; Dec 15	tended the	and that death occur NAME OF CEMETE Baltimor	ED 21c. WHERE DID (NJURY OCCUR? ED 21f. HOW DID INJUR 19 , to	Y OCCUR? , 19 the causes and on th	that I last saw the e date stated above. 23c. DATE SIGNED. (State)	
24 TIC	21D. TIME OF INJURY 22. I hereb deceased a 23A. SIGNA 4A. BURIAL. ON. REMOVAL (5)	ENT. SUICIDE. (Specify) (Month) (Day) (Year on certify that I at live on DEC . 12 TYRE CREMA- Specify) Dec 15	tended the	and that death occur NAME OF CEMETE Baltimor	ED 21c. WHERE DID (NJURY OCCUR? ED 21f. HOW DID INJUR 19 , to	y occur? , 19 the causes and on the 33 \$7. OCATION (City, town,	yes No No vive exact location) , that I last saw the e date stated above. 23c. DATE SIGNED (State) or county) (State)	
24 TIC	21d. TIME OF INJURY 22. I hereb deceased a 23A. SIGNA ON. REMOVAL (S BURIAL ATE RECEIVE	ENT. SUICIDE. (Specify) (Month) (Day) (Year on certify that I at live on DEC . 12 TYRE CREMA- Specify) Dec 15	tended the	and that death occur NAME OF CEMETE Baltimor	ED 21c. WHERE DID (NJURY OCCUR? ED 21f. HOW DID INJUR 19 , to	y occur? 19 the causes and on the Causes and on the Cocur, town,	yes No No vive exact location) , that I last saw the e date stated above. 23c. DATE SIGNED (State) or county) (State)	

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experiment important. Inysicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

52 11264 Registered No.

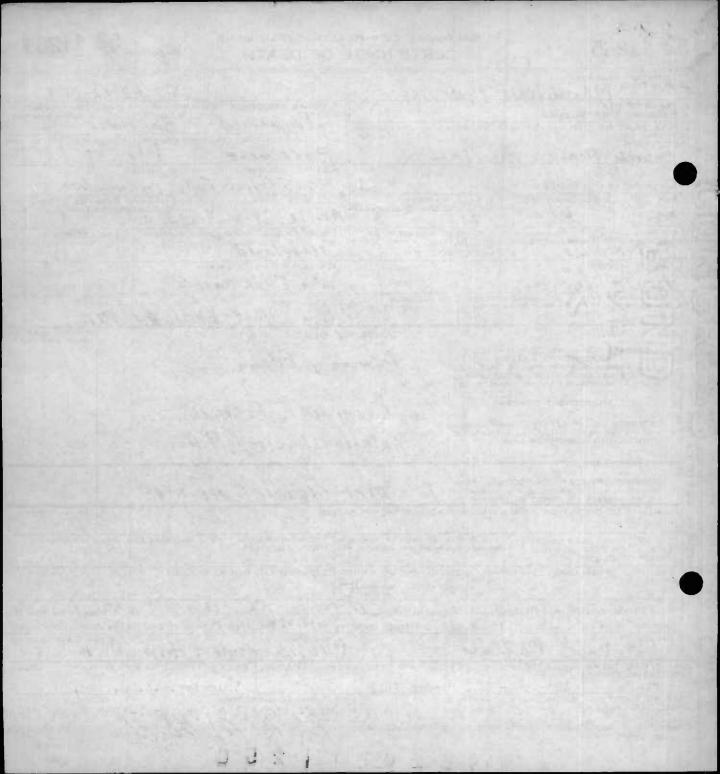
BIRTH N	0.			CERTIFICAT	E OF DEAT	П	Registered	
1. NAME (Type or]	OF DECEASED	ALBE	RT OTI	S LUCKHAM		2	OF Dec	. 12, 1952
A. Baltin B. FULL I HOSPITA INSTITUT	of DEATH: nore City, Ma NAME OF US PI TION n Pk. Dri	not in hospita ublic He HOS	lorinstitut alth pital ^S t stre	ion, give street address on PTVIC e location)	A. STATE	ginia (If outs	B. COUNTY	f institution: residence before admission its, write RURAL and give township
O 7	h of stay in B		? 12	Yrs.	D. STREET ADDRE	ESS (If rura	l, give location)	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married					8. DATE OF BIRTH	H 9.	AGE (In years last hirthday)	If Under 1 Year If Under 24 Rous Onths: Days Hours Min.
work done duri	AL OCCUPATION IN MORE TO A LOCAL PARTIES AND LOC	N (Give kind of s, even if retired)		of Business or INDUSTRY afarer	11. BIRTHPLACE (S		n country)	12. CITIZEN OF WHAT COUNTRY
13. FATH	John R. Li	uckham			14. MOTHER'S MA	i Thomps		
15. WAS D (Yes, no or un	ECEASED EVER IN	U.S. ARMED	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Records-	US PHS	Hospital,	Balto, Md.
NO DIS RIS UN	is does not mean rt failure, astheni ary or complicat	a, etc. It mean ion which ca DENT CAUSE IDITIONS, IF CAUSE (A) SNDITION LAS	dying, e. g s the diseas used death ES ANY, GIVIN STATING TH. T.	(B)(G) (C)	culosis of l active	ung, fa	radvance	1, 5-6 mos.
19A. D	ATE OF OPERA	CONDITION	CAUSING I		RATION			20. AUTOPSY?
H LYIN	ACCIDENT WAS			CE OF INJURY (e. g., i arm, fectory, street, office bldg.,			Baltimore City,	give exact location)
21D. TOF IN	IME (Month) (JURY	1.0.0	nded the	and that death occur	7. 30 1952	2, to Dec	• 12 , 195 auses and on	2, that I last saw the date stated above 23c. DATE SIGNED 12/12/52
24A. BUE TION, REMO Buri	RIAL, CREMA 2 DVAL (Specify) .al	248. DATE 12 - 14 REGISTRAR'S	- 52	24C. NAME OF CEMETE	RY OR CREMATORY 25. FUNERAL DIR	240. LOCA near Ki ECTOR	lmarnock,	o, or county) (State)
PLO	150	There Free	Jan V	28/8/	MB	Mile	hell	

THE REPLECTANCE a service and a limit of a book exercise correct age is especially important. Physicians: please write the causes of death clearly and legibly.

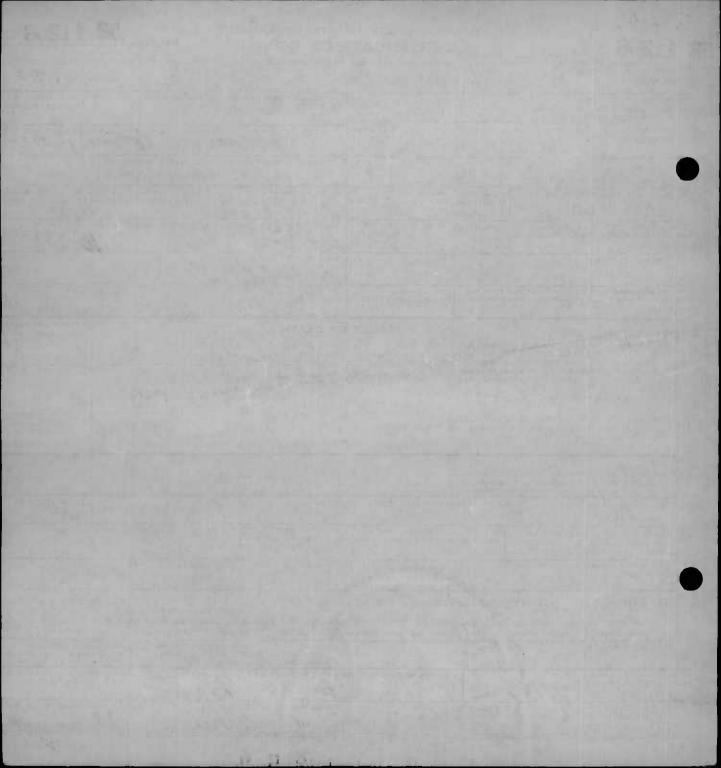
BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 11265

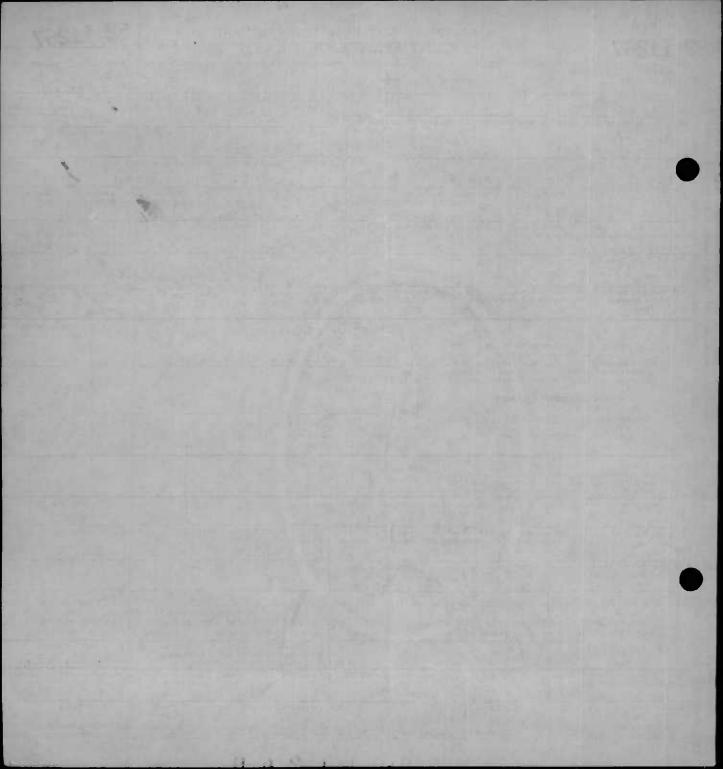
BI	RTH NO.			CERTIFICATI	E OF DEATH	7	
	NAME OF D ype or Print)	MR WILL	N Tu	11.1165		2. DATE OF DEATH /2	-12-52
	PLACE OF D Baltimore (EATH: City, Maryland			A. STATE .	NCE (Where deceased lived, B. COUNTY	
В.	FULL NAME		tal or institut	tion, give street address or location)	C. CITY OR TOWN	Ald BALTI	MO 6 fits, with KURAL and give
IN	STITUTION	Home +	4042: T	b (_	BALTIMO		township)
	CHUTCH	770000	ТОЦТ	Yrs.	D. STREET ADDRE	SS (If rural, give location)	
11==		tay in Baltimore	1 5 011101	Mos. Days	301569		way Ave
	M	6. COLOR OF RACE	WIDOW	E, MARRIED, VED, DIVORCED (Specify)	Arrill - 18	80 last birthday)	Months Days Hours Min.
worl	A. USUAL OC dongluring most of	CUPATION (Give lind of working life, even if retired)	Buil	of BUSINESS OR ding INDUSTRY	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S				14. MOTHER'S MA	DEN NAME	7 37
		14clings			Julia E U	lilliam S	
(Ye	. WAS DECEASE , no or unknown)	D EVER IN U.S. ARME (If you, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	Son 46	or BKEby Ad.	BLT.
	18.420	. 0		CAUSE	OF DEATH		INTERVAL BETWEEN
		E OR CONDITION	TH	2.1	nnry Edem		
	heart failu	not mean the mode or, asthenia, etc. It mea	of dying, e. 1 ins the diseas	se,	nary coem	/ <i>/</i>	
	injury or	complication which					
z		ANTECEDENT CAU	SES	(B) MGDC	ardiah F	ibrosis	
TION	RISE TO T	OR CONDITIONS, I	STATING TI	NG T			***************************************
1	UNDERLY	ING CONDITION L	AST.	(c) Arler	ioscleroTic	77.2.	
TIFIC		11					
ER	TRIBUTING	IGNIFICANT COND	NOT RELATE	ED NIATEVA	+ INGLINA	L HEINIBE	
U		F OPERATION		FINDINGS OF OPER			20. AUTOPSY?
Y.		0					YES NO
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in farm,factory,street, office bldg.,e			, give exact location)
2	21D. TIME (Month) (Day) (Year		21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
			m.	WHILE AT NOT WHILE			
	22. I hereb	y certify that I at	tended the	accounce from	1-16- 195	to 12-12-, 19	S, that I last saw the
	23A. SGNA	ive on 12-12		1 2	red at mn.,	from the causes and on	the date stated above.
	(ac	se c ca	lluis	м. р.	Church 1	HOME + HOSP	12-12-52
Z/ TI	4A. BUTAL, CON. REMOVAL (S	REMA- 24B. DATE		24C. NAME OF CEMETE			n, or county) (State)
_	Burial	12 - 18		Cedar Hill	F-1-1-1-1-4-	Brooklyn, A.A.C.	
L	ATE RECEIVE	RAR		A/II.	John O.Nitche	ell & Sons, Inc	ADDRESS 1900 Eutaw Plac
=	UFC12	1959 11 unly	nelow	MATTER MAN	TH B	Withliell	
	VS 150			260	2.16	a de manie	
			1 9	5 2 9 9	44 2	9 9	Sense of Labor.



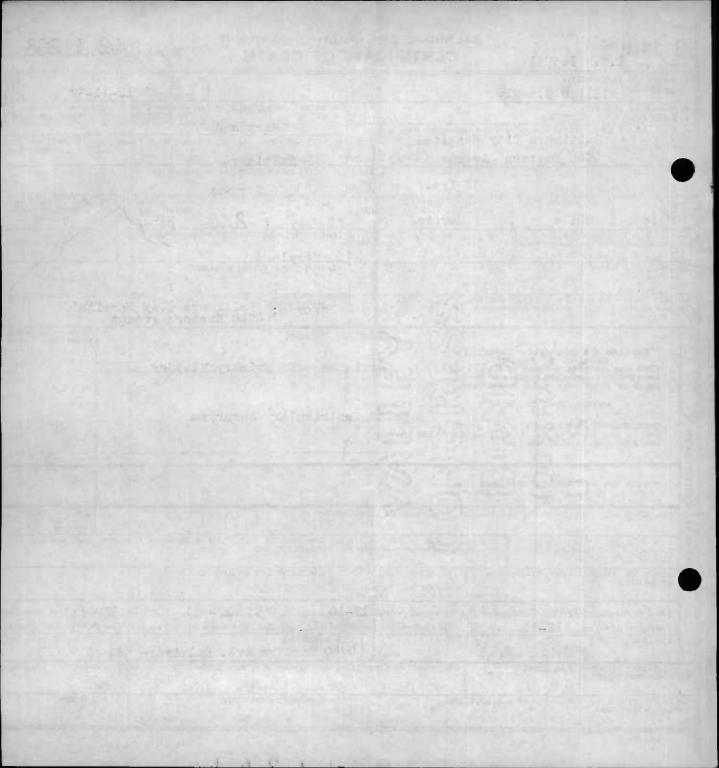
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE Dec. 11, 1952 (Type or Print) TOWNES BARBARA OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland A. STATE Marvland B. FULL NAME OF (If not ir, hospital or institution, give street address or HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RUHAL and give INSTITUTION University Hospital D. STREET ADDRESS (If rural, give location) Yrs. Mos 611 W. Saratoga Street c. Length of stay in Baltimore Davs 9. AGE (In years | 16 Under | Year | 16 Under 24 Hours | Months | Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Female Colored 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Givakinduf 12. CITIZEN OF INDUSTRY WHAT COUNTR work duce during mayof working life, evec if retired) č 13. FATHER'S NAME ALDEN NAME death 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unkunwo) (If yee, give war or dates of service) SECURITY NO CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Interstitial pneumonitis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, oue to Micrococcus pyogenes var. aureus injury or complication which caused death.) (hemolytic) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION 194. DATE OF OPERATION (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING | CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE WORK autoosv 22. I certify that I took charge of the remains described above, held an $_$ thercon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes XI, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER 1 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. age Dec. 11. 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY 24B DATE NON, REMOVAL Specify) DATE RECEIVED BY LOCAL REGISTRAR VS 151



Registered No. 11267 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE Thus. (Type or Print) OF SUSTE G. BELL Dec. Il. DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corrorate limits, write RURAL and give C. CITY OR TOWN township) Union Memorial Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. W. Days 2327 N. Charles Street c. Length of stay in Baltimore 9. AGE (In years | ft Under 1 Year | ft Under 24 Hours | last birthday) | Months Days | Hours | Min. 7. SINGLE, MARRIED 6 COLOR OF RACE WIDOWED, DIVORCED (Specify) Female White 1 slowes 10A. USUAL OCCUPATION (Give kind of KIND OF BUSINESS OR ACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTR work done during most of working life, even if retired) ausewild = = HER'S NAME death WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL es, no or naknown) SECURITY NO. no 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Arteriosclerotic cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES important. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING [OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? FDI UTING TI CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE WORK inspection & inquiry thereon and from especial 22. I eertify that I took charge of the remains described above, held an . Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural eauses A, accident D, suicide D, homicide D, undetermined D. 18 23A, SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23c, DATE SIGNED age ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR 248. DA NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) DATE RECEIVED BY ADDRESS REGISTEAR'S SIGNATURE 25 FUNERAL DIRECTOR LOCAL REGISTRAR VS 151



BALTIMORE CITY HEALTH DEPARTMENT Registered 52 11268 CERTIFICATE OF DEATH 165751 E.W. 1. NAME OF DECEASED (Type or Print) William H. 2. DATE OF (Pec)12-11-52 Elv 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospital location) Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION DUNDALK 4940 Eastern Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 32 Yrs. c. Length of stay in Baltimore 2900 Yorkway Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED. 9. AGE (in years) If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. Male White Married : - -10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? & ay Laborer Maryland 13. FATAER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17 INFORMANT (Yes, poor unknown) (If yes, give war or dates of service) Baltimore City Hospital 8-10-855 no 4940 Eastern Avenue INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Carcinoma of Urinary Bladder heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES (B) Left Ventricular Angurysm RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Physicians: (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION important. YES X 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 2 Ic. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially NOT WHILE 22. I hereby certify that I attended the deceased from 12-10 _, 1952, to 12- 11 ____, 19 52 that I last saw the deceased alive on 12-11 , 19 52, and that death occurred at 6.30 km, from the causes and on the date stated above. 23A, SIGNATURE 23c. DATE SIGNED IS 4940 Eastern Ave. Baltimore Md. 24A. BURIAL. CREMA-TION REMOVAL (Specify) 24c, NAME of CEMETERY OR CREMATORY | 24d, LOCATION (City, town, or county) correct Oslinal DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR Huntington les SA - Dalto 30, ms VS 150



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH A. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location' (If outside corporate imits, write Id. AL and give INSTITUTION (If rural, give location Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) TOA. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) OB. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? ontractor morion sange 13. FATHER'S NAME 14. MOTHER'S MAIDEN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Wes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Mes, no or unknown) SECURITY NO 1.0 INTERVAL BETWEEN 18. CAUSE ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. L, OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPS 21c. WHERE DID 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WORK AT WORK - 1 D. 195 Hhat I last saw the 195260 22. I hereby certify that I attended the deceased from_ / 3 94 m., from the causes and on the date stated above. deceased alive on 12-10 . 195 Land that death occurred at_ 23B. ADDRESS 23c. DATE SIGNED 23A, SIGNATURE 240. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B. DATA 24C. NAME OF CEMETERY OR CREMATORY

25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

especially

13

ADDRESS

township)

52 11270 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED, 2. DATE (Type or Print) DEAT 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: A. Baltimore City, Maryland B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF JOHNS HOPKINS HOSPITAL HOSPITAL OR location) outside corporate limits, write RURAL and give township) Yrs. Mos. c. Length of stay in Baltimore LIFE Days 7. SINGLE, MAKRIED. WIDOWED, DIVORCED (Specify) 6. OLOR OR RACE If Under 1 Year 5. SEX AGE (In years) If Under 24 Hours last birthday) Months; Days Hours; Min. MARRIED 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? TRUCK DRIVER COMPANY BALTIMORE. MD. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARIE MUSE GEORGE ROY JOHNS HOPKINS HOSPITALADDRESS 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT 8-18-9583 NONE INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND OFATH DISEASE OR CONDITION DIRECTLY (Pulmonary Embolism LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. Gastric V/cer OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 21c. WHERE DID 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT 1952 to /2-// 22. I hereby certify that I attended the deceased from 11-. 19 52that I last saw the 1952, and that death occurred at /2 how, Nom the causes and on the date stated above. deceased alive on 2 -1/ 23A. SENATURE 23c. DATE SIGNED 23B. ADDRESS JOHNS HOPKINS HOSPITAL 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 240. LOCATION (City, town, or county) 24B, DATE 24C. NAME OF CEMETERY OR CREMATORY MT. AUBURN CEM. BALTIMORE, MD. 12/14/52 BURIAL 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTFIAR'S SIGNATURE CARROLLTON LOCAL REGISTRAR urlington

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important.

especially

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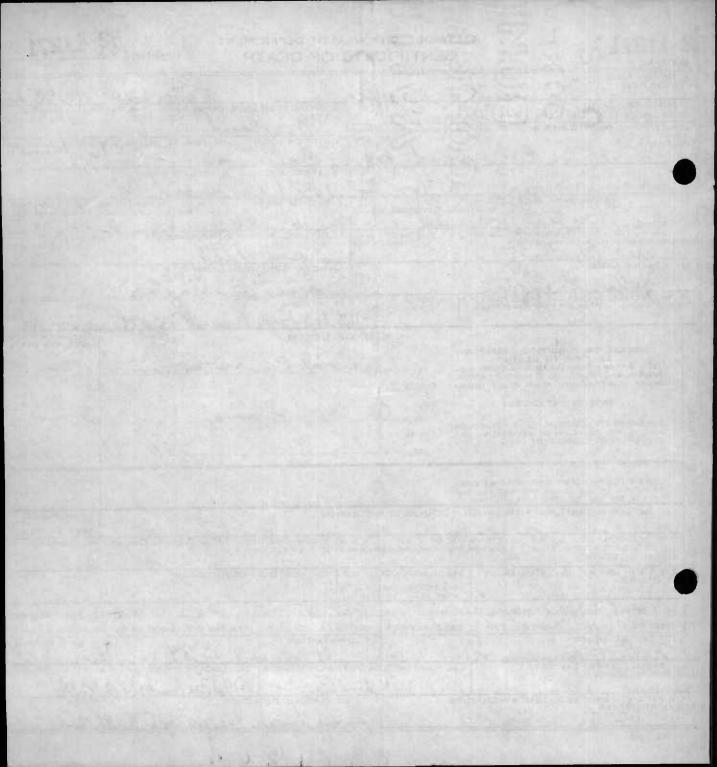
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AT AN INSTALLABLE STATE OF STREET TOOLS (THOUSE CHAPTER ONLY SELECTION OF THE SELECTION OF

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 11271 Registered No.

	RTH NO.						
	NAME OF D ype or Print)	ECEASED Vina	ent	Geppi		2. DATE OF DEATH	011-1952
	Baltimore (EATH: City, Maryland	Raltimor	e mil!	4. USUAL RESIDENCE (W	Where deceased lived. If in B. COUNTY	nstitution : residence before admission)
H	FULL NAME OSPITAL OR	OF (If not in hospit	al or institution,	give street address or location)	c. CITY OR TOWN (If	outside corporate imits.	write RUKAL and give
IN A	STITUTION	1531B	unwo	rad Rol	Baltemor	a / 1	township)
	T (2 C		11.	Yrs.	D. STREET ADDRESS (If	rural, give location)	
	SEX	tay in Baltimore 6.COLOR OR RACE	7. SINGLE, N	MARIED.	8. DATE OF BIRTH		Inder 1 Year If Under 24 Hours
1	nale	nhite	MANA	DIVORCED (Specify)	Qua 16-1886	last birthday) Mon	ths Days Hours Min.
10 work	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B, KIND O	F BUSINESS OR INDUSTRY	11. GIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	- Dealer		16.	14. MOTHER; MAIDEN N	ly_	
	Joh	21		(n)	Shina B	11-0:	
15 (Ye	. WAS DECEASE	D EVER IN U.S. AR FEI (If yes, give war or date	FORCES? 1	6. SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS
				SECONITI NO.	Theodore Bier	ner 1531Be	unwood Rd.
	18. 16	3 × 1		CAUSE	OF DEATH		ONSET AND DEATH
1		LEADING TO DEAT not mean the mode of	TH	Cons	loral Ca ne	tastone	1 me
0	heart failu	re, asthenia, etc. It mea complication which c	ns the disease,	DUE TO			
		ANTECEDENT CAUS	ES	1	10		3
NO O		S OR CONDITIONS, 11		(B)	· 0/2/0000		Janes.
ATI		HE ABOVE CAUSE (A) 'ING CONDITION LA		(C)			
FIC	ent de la company			(0)	***************************************		
RTIF		II IGNIFICANT CONDI TO THE DEATH, BUT					
CE	TO THE D	SEASE OR CONDITION	CAUSING IT.	NO. NO. OF CORE			
CAL	19A. DATE C	OF OPERATION 1	9B. MAJOR FI	NDINGS OF OPER	ATION	167/16	YES NO
MEDIC		ENT WAS UNDER- R CONTRIBUTING DEATH		OF INJURY (e. g., in factory, street, office bldg., e		If in Baltimore City, gi	ve exact location)
4	210. TIME	(Month) (Day) (Year)		INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
				DRK NOT WHILE		0	
		y certify that I att				Pec//, 1952,	
	23A. SIGNAT		, 13 and		red atm., from to	ne causes and on the	23c. DATE SIGNED
-	h.K.	tream a	~ 15.	м. р.	11W.299	E57.	X-2012,1952
TIC	N REMOVAL	pecify)	1052 h	NAME OF CEMETE	RY OR CREMATORY 24D. LO	OCATION (City, town, o	F county) (State)
D	ATE RECEIVE	D BY REGISTRAR	s SIGNATURE	The street	25. FUNERAL DIRECTOR	A CARLON AND A	ADDRESS
	DEC 1 ?		vestor 1	Miauson M.3	togal House Inc	712-14 E. Ma	th are
	VS 150		0	5.0	11	1	
1				E 20 19 5	10 H 26		



BALTIMORE CITY HEALTH DEPARTMENT Registered No. 11272 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASES 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution 3. PLACE OF DEATH A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital ordinalitation, give street address or location) B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION HINS (If rural, give location) Yrs. ADDRESS Mos. c. Length of stay in Baltimore Davs 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 6. COLOR OR RACE AGE (In years) last birthday) | Months: Days Hours: Min. clearl 10A. USUAL OCCUPATION (Give kind of 106. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. JOHNS HOPKINS HOSPITAL 289.0 CAUSE OF DEATH INTERVAL BETWEEN 18. ONSET AND OFATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES probably Caucher's lisease DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from 1952 to 1962 to 1952 that I last saw the deceased alive on 10 ec. (0, 19 51 and that death occurred at m., from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED HOPKINS HOSPITAL 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c, NAME OF CEMETERY OR CREMATORY I 240. LOCATION (City, town, or county DATE RECEIVED BY RÉGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 150- 1001

Dr. Frat . Mark, Director, Pureen of Child Arcians make to Dr. Riodal, Resident in Frriet Lane, James because and from Autonos findings commetted critical cause.

Original case was mestioned, because of accelent, man onthly report to Maryland State Described Health received by the from the Baltimore City Health Department. Stepan, Clerk

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

52 11273 Registered No.

BIRTH NO.			OLKIII IOAII	L OI DEAT		
1. NAME OF (Type or Print	DECEASED ANN	A R. WO	DELPER		2. DATE OF DEATH	mber 11, 1952
3. PLACE OF A. Baltimore	City, Maryland	al an ingtitu	tion, give street address or	4. USUAL RESIDE A. STATE Maryland	ENCE (Where deceased lived, If B. COUNTY	institution : residence before admission)
HOSPITAL OF	?		location)	c. CITY OR TOWN Baltimore	(If outside corporate limit	write HURAL and give township)
c. Length of	stay in Baltimore		Yrs. Mos. Days		ess (If rural, give location)	
5. SEX female	6. COLOR OR RACE	WIDOV	E. MARRIED. WED. DIVORCED (Specify)	8. DATE OF BIRTH August 8, 18	last birthday) Mo	Under 1 Year If Under 24 Hours nths Days Hours Min.
10A. USUAL Cowork done during mo	OCCUPATION (Give kind of st of working life, even if retired)	I IOB, KINI	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign country) , Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S	NAME	Har	nley	14. MOTHER'S MA	iden name nknown	
15. WAS DECEA	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.				oelper, 5408 Narci	odress ssus Avenue
(This do heart fa injury of DISEAS	ASE OR CONDITION LEADING TO DEA LEADING TO DEA LEADING TO DEA LEADING TO LEA LEA	TH of dying, e. ons the disea. caused deatl SES F ANY, GIVII STATING T	g., (A) Coron se, b.) DUE TO Arte	rioscleros	ion	DNSET AND DEATH 2 Mos. 2 yrs.
OTHER TRIBUTI	II SIGNIFICANT COND: NG TD THE DEATH, BUT DISEASE DR CONDITION	NDT RELAT		abetes		lO yrs
19A. DATE			R FINDINGS OF OPER			20. AUTOPSY?
21A. ACC LYING CAUSE O	DENT WAS UNDER- OR CONTRIBUTING T F DEATH	21B. PL about home,	ACE OF INJURY (e. g., i., farm, factory, street, office bldg.,	or 21c. WHERE D		rive exact location)
21b. TIME OF INJUR	(Month) (Day) (Year) (Hour)	21E. INJURY OCCURR WHILE AT WORK	ED 21F. HOW DID	INJURY OCCUR?	
deecased	alive on Dec . 9		and that death occur	rred at 11 Pom.	2 to Dec. 11, 1952, from the eauses and on th	ie date stated above.
23A. SIGN	Bellevi	Sin		1613 E.N	orth Ave.	23c. DATE SIGNED 12-12-52 or county) (State)
24A. BURIAL TION, REMOVAL buri	al 12/15/3	52	Woodlawn Cem	etery	Woodlawn,	Maryland
LOCAL REGI	STRAR	5 SIGNAT	Williams M.	Nm. Cool	2 0	ADDRESS L. Paul Street

RESERVE CHIEFET, N. A.D.I.

2 11274				EALTH DEPART E OF DEAT		Registered	52 112	74
BIRTH NO.		CLICI	IFICAT	E OF DEAT	П			
1. NAME OF DECEASE (Type or Print)	Ida m	au Z	uek	ria		OF 12/	11/10	(2
3. PLACE OF DEATH: A. Baltimore City, M		1		4. USUAL RESID				sidence admission)
B. FULL NAME OF () HOSPITAL OR	f not in hospital or inst	citution, give st	reet address or location)	C. CITY OR TOWN	ua		74 11 2224	
INSTITUTION 444	16 Wran	wood	ave	C. CITT OR TOWN	Bal	To L	its write RULA	tow ship)
			Yrs. Mos.	D. STREET ADDR	ESS (If rural,	give location)	10	
c. Length of stay in 1			Days	4446		wood	(uve	
Frank W	HATE 7. SH	Mahn	ED. RCED (Spaily)	May 27,	9. A	GE (In years st birthday) M	If Under Year If If If If If If If I	Juder 24 Hours Jurs Min.
10A. USUAL OCCUPATI work done during most of working i	ON (Give kiedef 198, K	IND OF BUS	INESS OR	11. BIRTHPLACE		country)	12. CITIZEN	
/forear		me	INDUSTRY	Baltimo	re, ma	mila I	WHATC	OUNTRY
13. FATHER'S NAME	V	0 0		14. MOTHER'S MA		0	-	
	lleam I.	Johna	on	mary	E. Na.	cherry	_	
15. WAS DECEASED EVER (Yes, no or unkoowo) (If yes,	IN U. S. ARMED FORCES, give war or dates of service	16. SOC SEC	URITY NO.	mustle &	2. Reese.	702 01	ADDRESS	2
18. 420.1			CAUSE	OF DEATH	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	702 74		BETWEEN
DISEASE OR	ONDITION DIRECT					1	ONSET AN	ND DEATH
(This does not mea	NG TO DEATH	e. g., (A)	, acu	teCoron	ary Oc	chusio	ma / =	lan.
injury or complica	nia, etc. It means the di ation which caused d	eath.) DUE	TO art	trioscler	stic co	andio.		
ANTECI	EDENT CAUSES		vas	ecular a	discar	4	109	via i
Z DISEASES OR CO	NDITIONS, IF ANY, G	IVING (B))	***************************************	••••••••••	***************************************		••••••
DISEASES OR CO	E CAUSE (A) STATING	THE DUE	то				V.	
O		(C)	••••••••••••	***************************************	***************************************		
	11	10.7						Service Solv
OTHER SIGNIFIC	ANT CONDITIONS	CON-					Far All	
O TO THE DISEASE C	R CONDITION CAUSIN	G IT						
19A. DATE OF OPER	ATION 198. MA	OR FINDING	GS OF OPER	RATION			20. AUT	
21A. ACCIDENT WA	S UNDER- 218.	PLACE OF IN	JURY (e. g., i	n or 21c. WHERE	OID (If in I	Saltimore City.	give exact loca	NO L
LYING OR CONTE		ome, farm, factory,	street, office bldg.,	etc.) INJURY OCCU	JR?			,
21D. TIME (Month) OF INJURY	(Day) (Year) (Hour)	21E. INJU	RY OCCURR	ED 21F. HOW DIE	INJURY OCC	UR7		
OF MUSURY	n	WHILE AT WORK	NOT WHILE					
22. I hereby certif	y that I attended			2.9 105	2 to DEC	// 105	2, that I last	nan the
deceased alive on,								
23A. SIGNATURE	0000	1		38. ADDRESS	//	2000 0100 010	23c. DATE	
de	loyer (. x	Jaylo	7 M. D.	3902 9	reenma	unt an.	Dec.	2 52
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24B. PATE	24c. NAM	E OF CEMETE	RY OR CREMATERY		ION (City, town	2	(State)
Burial	12/13/52	Lou	Lon Va		Balter	nore,	maryl	and
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGN		UA- M.F	25. FUNERAL DIR	RECTOR	00	ADDRESS O	70. 4

BALTIMORE CITY HEALTH DEPARTMENT Registered 52 11275 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF December 9, 1952 SARAH R. GREEN DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY before admission) A. STATE A. Baltimore City, Maryland Maryland (If not ir, hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL) and give C. CITY OR TOWN township) Baltimore Johns Hopkins Hospital D. STREET ADDRESS (If rural, give location) Yrs. Mos. 826 N. Dallas Street E. Length of stay in Baltimore Days 7. SINGUE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | H Under 1 Year | H Under 24 Hours | last birthday) | Months | Days | Hours | Min. 8. DATE OF BIRTH Colored Female. 10A. USUAL OCCUPATION (Givakindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY work done uring post of working life, evan if retired) INDUSTRY cl 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (If yes, give war or deten of service) SECURIT vuo INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Hypertensive cardiovascular disease LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES X (If in Baltimore City, give exact location) 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?

21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB-UTING | CAUSE OF DEATH.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT

AT WORK WORK

21E. INJURY OCCURRED NOT WHILE

21F. HOW DID INJURY OCCUR?

ASSISTANT MEDICAL EXAMINER.

MEDICAL INVESTIGATOR ..

Partial Autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes A, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 23B, CHIEF MEDICAL EXAMINER 23c. DATE SIGNED

24A. BURIAL, CREMA-DATE RECEIVED BY LOCAL REGISTRAR

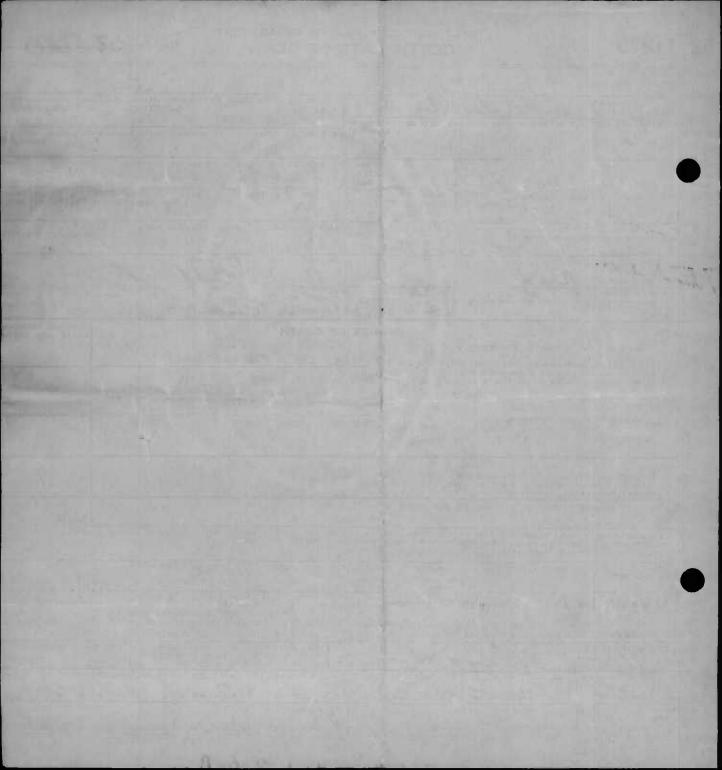
REGISTRAR'S SIGNATURE

240. NAME OF CEMETERY OR CREMATORY

24p. LOCATION (City, town, or county)

151

10.



CERTIFICATE OF DEATH

Registered 52 11276

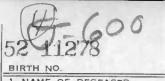
BI	RTH NO.	O		CERTIFIC	ATI	E OF DEATH	Registered N	0
1.	NAME OF D	ECEASED					2. DATE	
(1	'ype or Print)	VENERA Z	APPALA				OF DEATH Dec.	11 1952
3.	PLACE OF D	EATH: City, Maryland 2	306 F 1	bltimana C		4. USUAL RESIDENCE (V	Vhere deceased lived. If	institution: residence
	FULL NAME	OF (If not in hospit	al or institu	tion, give street addr	000 07	Maryland	B. COUNTY	before admission)
H	OSPITAL OR	O. (11 Hot III Hospit			ation)		outside corporate limits	write RDRAL and give
111	A	1				Baltimere	100	township)
7					Yrs.	o, STREET ADDRESS (If	rural, give location)	
C.	Length of s	tay in Baltimore			Mos. Days	2306 E.Baltime		
	SEX	6. COLOR OR RACE	7. SINGL	E, MARRIED,	Days	8. DATE OF BIRTH	9. AGE (In years) If	Under I Year If Under 24 Hours
	'emale	White	Dide	VED, DIVORCED (S	pecify)	August 1st 1873	last birthday) Mon	nths Days Hours Min.
1 C	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B, KINI	D OF BUSINESS C		11. BIRTHPLACE (State or fo		12. CITIZEN OF
	ous ewife		He	Me	SIKI	Cianna Catavia	74.7.	WHAT COUNTRY?
13. FATHER'S NAME						Giarre Catania 14. MOTHER'S MAIDEN N	AME	
	Francese	a Greca				0.1		V
15	. WAS DECEASE	ED EVER IN U. S. ARMEI (If yes, give war or date	D FORCES?	16. SOCIAL	-	Gluseppina 17. INFORMANT		
(Ye	s, no or unknown)	(If yes, give war or date	s of service)	SECURITY !	NO.			DDRESS
-				1		Mrs. Jeseph Le G	judice 2306	
	18. 49	/ X		CAU	SE (OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	SE OR CONDITION			D	1	11 .	1 day
	(This does	LEADING TO DEA	of dying, e.	g., (A)	ful	emenery of	von von	2 July
	heart failu	re, asthenia, etc. It mes complication which	ins the disea	se,		8		
				, 552.15	D	00	· tai	1
7		ANTECEDENT CAUS	SES	1	you	cho Ineumone	a armina	
Ö	DISEASE	S OR CONDITIONS, I	F ANY, GIVE	(B)				
ERTIFICATION	UNDERLY	HE ABOVE CAUSE (A)	STATING T	HE DUE TO				
<u>o</u>								
브		11		(C)				
2		SIGNIFICANT COND						
S	TRIBUTING	TO THE DEATH, BUT	NOT RELAT	ED IT				
				FINDINGS OF	OPER.	ATION	***************************************	20. AUTOPSY?
EDICAL		0						YES NO
음	21A. ACCIDE	NT. SUICIDE, (Specify)	21B. PL.	ACE OF INJURY ((e. g., in	nr 21c. WHERE DID (I	f in Baltimore City, g	ive exact location)
	HOMICIDE	(Specify)	about inme,	iarm, iactory, etreet, omo	piag.,e	tc.) INJURY OCCUR?		
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCC	URRE	D 21F. HOW DID INJURY	OCCUR?	
4	F INJURY				WHILE			
			m.		WORK L		1 //	
	22. I hereb	y certify that I att	ended the	deceased from	see	10 , 1952, to X		, that I last saw the
			1954	and that death		red at 3 45 Am., from t	he causes and on th	
	23A. SIGNAT	TURE	V.C	lift M.		3B. ADDRESS	ton ave	Cec 11-52
24	AA. BURIAL, C	REMA- 24B. DATE				RY OR CREMATORY 24D. L	OCATION (City, town,	or county) (State)
	on, REMOVAL (S Burial	Dec. 15	7050	17-7- 7		Cemetery 443	O Belair Rd.	
D	ATE RECEIVE	D BY REGISTRAR		Hely Rede	ema	25 FUNERAL DIRECTOR	- BETWIE RO.	ADDRESS
LC	CAL REGIST	RAR	- 4-	Min.		10000	0 110 322	S. High St.
_	UEG 19	10FA Huns	anglow	NY legusa	11	> January El	carree	
	VS 150	rouz,	0		4			

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 11277

_	IRTH NO.		CERTIFIC	CATE	OF DEATH	Registered No)
1.	NAME OF D	ECEASED				2. DATE	
	F		CIOTTI		4. USUAL RESIDENCE (V	DEATH DECEN	10 1952
Α.	Baltimore (City, Maryland 33.	19 S.AMBROSE'S AV		4. USUAL RESIDENCE (V	Where deceased NVed 11 if B. COUNTY	stitution : residence before admission)
H	OSPITAL OR ISTITUTION	OF (II not in nospii	tal or institution, give street add loc	ress or		outside comonate amils,	write RUK and give township)
-4	0				BALTIMORE		•
C.	Length of s	tay in Baltimore	24 Yrs.	Yrs. Mos. Days	D. STREET ADDRESS (If 3319 ST.AMEROSI		
	SEX ·	6. COLOR OR RACE		18	B. DATE OF BIRTH	9. AGE (In years It is	nder 1 Year If Under 24 Hours
	'emale	WHITE	WIDOWED DIVORCED (June 5th 1881	71 6	ths Days Hours Min.
wor]	A. USUAL OC k done during most	CUPATION (Give kind of of working life, even if retired)	INDU	STRY	1. BIRTHPLACE (State or fo		2. CITIZEN OF WHAT COUNTRY?
13	FATHERS	fame -	Heme		Menterie al Vema		
					14. MOTHER'S MAIDEN NA	AME	
15	Ni WAS DECEASE	DEVER IN U.S. ARMET	D FORCES? 16. SOCIAL	-	1		
(Ye	s, no or unknown)	(If yes, give war or date	se of service) SECURITY	NO.	7. INFORMANT		DRESS AVE
-					TO COLLEGE DO	minicis 3319	
		0.11		JSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
		SE OR CONDITION	TH	Con	man del	clusion	1 day
	(This does heart failu	not mean the mode ore, asthenia, etc. It mea	of dying, e. g., (A)				· /
	injury or	complication which	caused death.) DUE TO	Co	ronan D	'sear	Anknow
	200	ANTECEDENT CAUS	SES	0	1.500	ob o	- Unknow
O	DISEASE	S OR CONDITIONS,	(B)	w	ulno su	wool o	mymon
ERTIFICATION	RISE TO T	HE ABOVE CAUSE (A)	STATING THE DUE TO				
J.							
T		11	(C)				
ER	TRIBUTING	GIGNIFICANT CONDI	NOT RELATED				
U		F OPERATION 1	98. MAJOR FINDINGS OF	ODEDA	TION		L 20 AUTORCY2
AL	ISA. DAIL C	OFERATION	58. MAJOR FINDINGS OF	OFERA	TION		20. AUTOPSY?
EDICA	21A. ACCIDE	NT. SUICIDE. (Specify)	21B. PLACE OF INJURY about bome, farm, factory, street, office	(e. g., in o	21c. WHERE DID (I	f in Baltimore City, give	
ME							
	F INJURY	Month) (Day) (Year)	(Hour) 21E, INJURY OC	CURRED	21F. HOW DID INJURY	OCCUR?	
			m. WHILE AT NOT	WHILE			
	22. I hereb	y certify that I att	tended the deceased from	736	26, 1957, to B	ze 10 1957	that I last saw the
			, 1957, and that death		ed at 6 - m., from the	he causes and on the	date stated above.
	23A. SIGN	hilibert h	ertigiuni M.		2942 2. 7w	tale Ix	23c. DATE SIGNED
24	AA. BURIAL, C	REMA- 24B. DATE	24c. NAME OF CE		OR CREMATORY 240.	OCATION (City, town, o.	r county) (State)
	Burial	Dec embe:	r 18/52 PARKWOOD	CEMI	ETERY Balt	timere Md.	DIR TE
D	ATE RECEIVE	D BY REGISTRAR'	S SIGNATURE	K	5. FUNERAL DIRECTOR	A Mide	ADDRESS
	DEC 12		motor Velliams	Mis	well to elle	Wock 322 S. F	ligh St.
	VS 150	I G G	0	-	Control of the control		

ration a lemma re-class There is not sented at 12 to 14 HELD COMMENT OF THE PARTY OF TH The secretary was the second of the second Mary Call Harach Consult . and a state of the same of t



CERTIFICATE OF DEATH Registered 52 11278

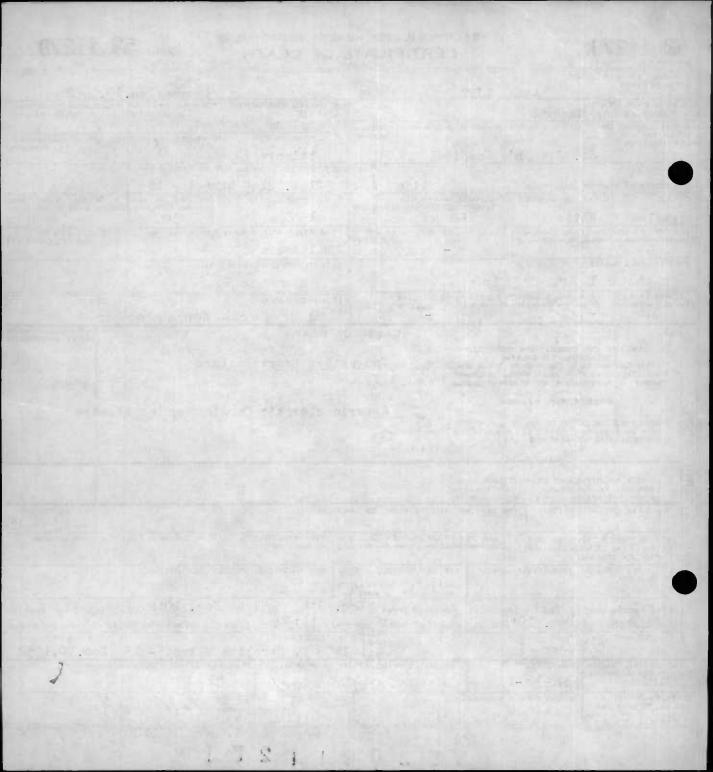
В	IRTH NO.	OEM TOAT	L OI BLAIII				
1.	NAME OF DECEASED (Spe or Print) (1218)	nce B. Gore		2. DATE OF DEATH DE	ec.10/52		
A.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W				
H	FULL NAME OF (If not in hospital OR SPITAL OR 2936 Edmonds	location	r	outside ofriorate limi			
C	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If 2936 Edmondso	, ,			
	SEX 6. COLOR OF RACE	7. SINGLE. MARRIED. WIDOWED DIVORCED (Specify Married	I 8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year H Under 24 Hours onths Days Hours Min.		
1C Wor	A. USUAL OCCUPATION (Givekind of a done during most of working life, even if retired)	108. KIND OF BUSINESS OR N.R. FORD CO.	Balto. Md.	reign country)	12. CITIZEN OF WHAT COUNTRY?		
J	ames E. Gore	SHIP GWARDS	Catherine Bushey				
15 (Ye	. WAS DECEASED EVER IN U. S. ARMED s. no or unknown) (If yes, give war or dates	of service) 212 18 3017	17 INFORMANT	A	ondson Ave.		
CERTIFICATION	DISEASE OR CONDITION DEATH (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which can an injury or complication which can be a support of the above cause (A) and the complex comp	DIRECTLY I'H f dying, e. g., ns the disease, aused death.) SES F ANY, GIVING STATING THE DUE TO (C)	rebral Vasca Thrombosis rebral Arts	erio Sclero.	INTERVAL BETWEEN ONSET AND DEATH		
AL		B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?		
IEDICA	21A. ACCIDENT, SUICIDE. HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., aboot home, farm, factory, street, office bldg.,	in or 21C. WHERE DID (Injury occur?	f in Baltimore City,	give exact location)		
	21D. TIME (Month) (Day) (Year) (OF INJURY) 22. I hereby certify that I attendeceased alive on 10 11	m. WHILE AT NOT WHILE	norch 1952 to	10 Dec 195	that I last saw the		
	23A. SIGNATURE		1707 Edmadsm	A41. /2//24	23c. DATE SIGNED		
B	A. BURIAL CHAM 24B. DATE N, REMOVAL (Specify) PICAL RECEIVED BY REGISTRAR'S DOCAL REGISTRAR'S DOCAL REGISTRAR'S			CATION (City, town,	110		
	VS 150	7638	of o				

and the second of 0 Charles With the CERTAIN CHOICE SECTION Place of March States and American The same of the sa Marker Later State of the Comment of the State of the Sta Children and the State on

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registere 20 11279

BIRTH NO.								
1. NAME OF C (Type or Print)		A LIFT				OF Dec.	10 1952	
	EATH: City, Maryland			4. USUAL RESIDE			If institution	
B. FULL NAME HOSPITAL OR	OF (If not in hospit	al or institu	tion, give street address or location)					
INSTITUTION	St. Joseph	la Hoan	4+01					
	Do. ooseph	s nosp	Yrs.					
c. Length of s	tay in Baltimore		life Mos.	521 E. 21st				
5. SEX	6. COLOR OR RACE		E. MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. A	GE (In years)	If Under 1 Year	If Under 24 Hours
Female	White		dowed	1872		80	nonthis Days	Hours Min.
10A. USUAL, OC work done during most NONE	CUPATION (Give kind of of working life, even if retired)	10B. KINI	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (St. Baltimore	ate or foreign	country)	12. CITIZ WHA	ZEN OF T COUNTRY?
13. FATHER'S	VAME		<u> </u>	14. MOTHER'S MAI	DEN NAME			
	ael Brandmi	7700		**				
	ED EVER IN U. S. ARMEI		Lie cocial	Katherin	9			
(Yes, no or unknown)	(If yes, give wer or date	of service)	16. SOCIAL SECURITY NO.	17, INFORMANT	4 88		ADDRESS	
18. 1.			-	Miss Marga	ret Nor	penber		VAL BETWEEN
RISE TO TUNDERLY	ANTECEDENT CAUS S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	F ANY, GIVII STATING TO ST.	NG HE DUE TO (C)	iosclerotic (Cardiova	seuler d	isease	
O TO THE D	S TO THE DEATH, BUT							
J 19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION			20.	AUTOPSY?
<u> </u>	0	L ore m	AGE OF DIMINIST (Late waters by	D (Te : T	141 011	YES	NO A
	DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e			Saltimore City	, give exact	location)
21D. TIME DF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID	INJURY OCC	UR?		
J. III.		m.	WHILE AT NOT WHILE					
deceased a	y certify that I att live on Dec. 10	ended the	deceased from De		to Dec.	10 th, $_{1}$ 5 uses and on	the date st	tated above.
23A. SIGNA	Corbestorno P			38. ADDRESS 1400 N. Carol	ime Str	eet - 13		0,1952
TION REMOVAL (S BUTIAL	Specify) 12-13-		24c. NAME OF CEMETE Cathedral	Cemetery	City		n, or county)	(State)
DATE RECEIVE LOCAL REGIST VS 150	RAR	ssignati		WIEDEFEL GREENMOU	ETOR D & SO	fon.	ADDRES	S
		4	95200	1 2	7			



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+	2 11980	
	BIRTH NO.	

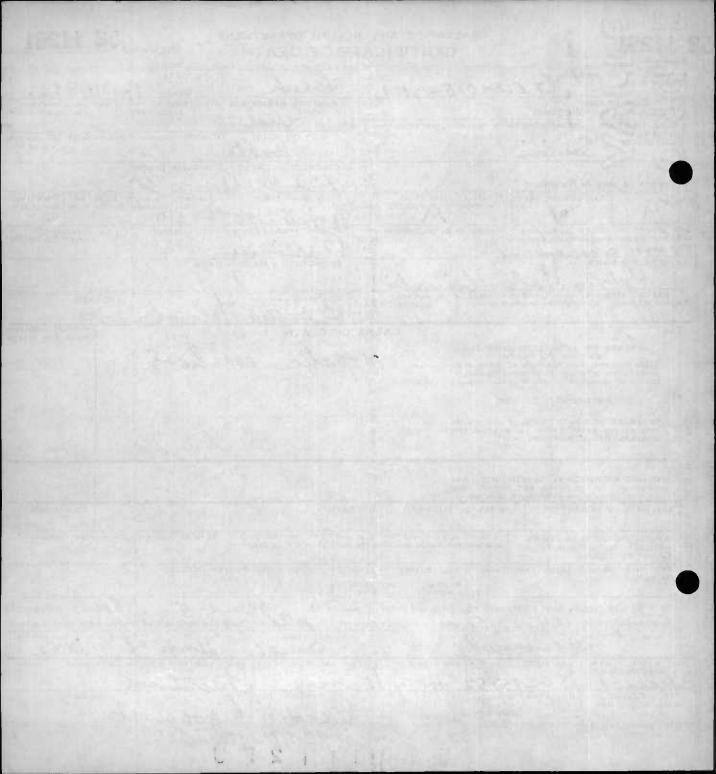
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 11280

CERTIFICATE OF DEATH Registered No 1. NAME OF DECEASED 2. DATE (Type or Print) Charles E. Kirkpatrick DEATH December 11,1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) (If not in hespital or institution, give street address or B. FULL NAME OF c. CITY OR TOWN HOSPITAL OR (If outside corporate limits write RURAL and give INSTITUTION 3162 Lyndale Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Life Mos 3162 Lyndale Avenue ength of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under I Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min Male White Married April 1, 1904 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if ret red) Restaurant. WHAT COUNTRY? manager Baltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James A. C. Kirkpatrick Mary Ann Snyder 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO -30-2343 No Kirkpatrick 3162 Lyndale 18. INTERVAL BETWEEN DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ū 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL 218. PLACE OF INJURY (e. g., In or 21A. ACCIDENT WAS UNDER 21c WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from ______ , that I last saw the deceased alive on. and that death occurred at on., from the causes and on the date stated above. 238. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CRWMA-TION, REMOVAL (Specify) OR CREMATORY 240. LOCATION (City town, or county) North Ave. & Rose St. Burial 12.13.52 Baltimore Cemetery DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS 25. FUNERAL DIRECTOR E CEGISTRA Frederick D. Miller, Inc 3019 Monument St. unlaurehors VS 150

TE WIN . STREET

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE G OLEMBIE WSKI (Type or Print) OF 12,11,1952. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in bospital or institution, give street address or HOSPITAL OR location c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Jal Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED DATE OF BIRTH 9. AGE (In years I Under I Year I Under 24 Hours last birthday) Months: Days Hours Min. WIDOWED DIVORCED (Specify) 50 JOA. SUAL OCCUPATION (Give hind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR BRTHPLACE State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? tong chareman allimaia 13. FATHER NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(You, no or unhylown) (If you, give war or dates of service) 16. SOCIAL INFORMANT SECURITY NO. 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? CAL YES 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, nffice bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH Σ 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY WHILE ATT NOT WHILE! WORK AT WORK 22. I hereby certify that I attended the deceased from 12. 10 1957, to___ , 19 5 that I last saw the . 19.52 and that death occurred at 1021 m., from the causes and on the date stated above. deceased alive on 12.11 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 12.11.57 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR Huntington VS 150



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causes

BALTIMORE CITY HEALTH DEPARTMENT

Registered 52 11282

CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) December 12, 1952 BIRD ALVIN Calvin DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland Maryland (If not in hospital or institution, give street address or B. FULL NAME OF location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN HOSPITAL OR INSTITUTION township) Baltimore Mercy Hospital D. STREET ADDRESS (If rural, give location) Yrs. Mos. Life Baltimore and Calvert Sts Emerson Hotel. c. Length of stay in Baltimore Davs 9. AGE (In years It Under 1 Year | It Under 24 Hours last birthday) | Months Days | Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED DIVORCED (Specify) about 1888 abt. Male White Single 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10B. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Givekind of INDUSTRY WHAT COUNTRY? vork done during most of working life, even if retired) Baltimore, Maryland U. S. A. Hotel Clerk Hotel 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Agnus Sylvester Horace S. Bird 15. WAS DECEASED EVER IN U. S. ARMED FORCEST Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. (Yes, no or unknown) No 718-09-9910 Mr. H. Owens Bird. (brother) None CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) Arteriosclerotic cardiovascular disease LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) XXXIVIX ANTECEDENT CAUSES Coronary occlusion DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE: (A) STATING THE XXXXX Myocardial infarct UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION YES X (If in Baltimore City, give exact location) 21c. WHERE DID 21B. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB. INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) UTING | CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE! WORK 22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 23c. DATE SIGNED 23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) Dec-15-1952 Davidsonville, Maryland Burial Methodist Cemetery

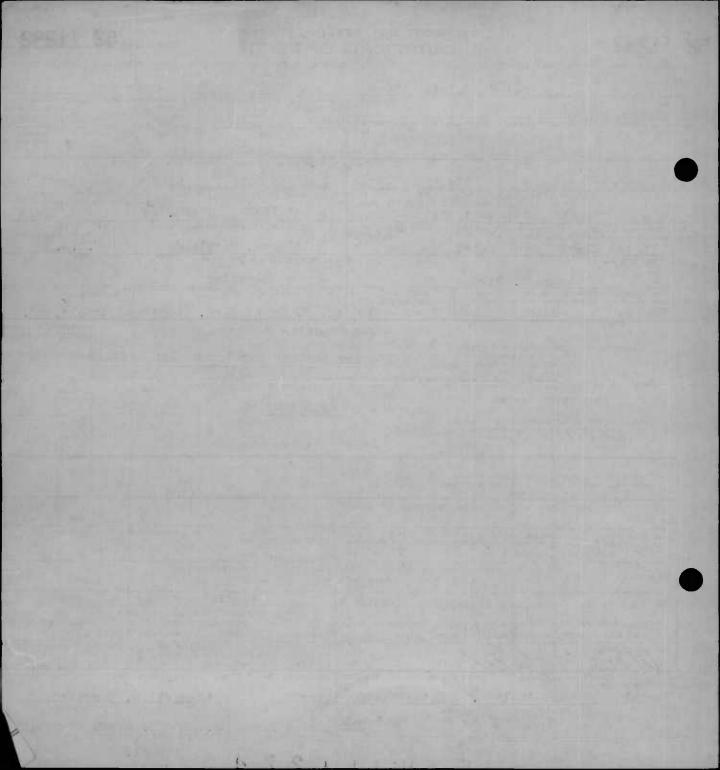
25. FUNERAL DIRECTOR

Mount & Mowen Co., 108 W. North Avenue

City #1.

V S 151

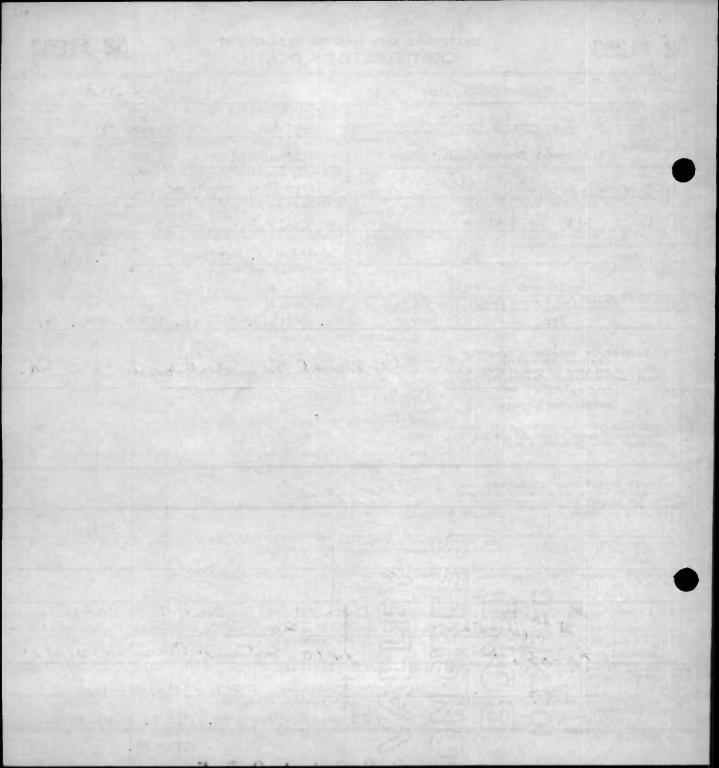
DATE RECEIVED BY LOCAL REGISTRAR REGISTEAR'S SIGNATURE



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registere 52 11283

1. NAME OF DECEASED (Type or Print) I Sa	abelle Ke	essler Barrick		2. DATE OF DEATH Dec-	11-1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	Stoner	Run Lane	4. USUAL RESIDE	NCE (Where deceased lived, In	institution: residence before admission)
B. FULL NAME OF (If not in hos		tion, give street address or		Baltimore	
HOSPITAL OR INSTITUTION		location)	c. CITY OR TOWN		ts, write RURAL and give township)
Hillcrest	Convales	scent Home	Baltimore		towns.np)
	T	Yrs. Mos.		SS (If rural, give location)	
c. Length of stay in Baltimore	9	Days		k Apartments, Bee	
5. SEX 6. COLOR OR RAG		E. MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) last birthday) M	if Under 1 Year If Under 24 Hours on the Days Hours Min.
Female White	Widow		about-1857	abt-95	
10A. USUAL OCCUPATION (Give lin work done during most of working life, even if reti	red) 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	No	ne	. Baltimore,		IJ. S. A.
13. FATHER'S NAME			14. MOTHER'S MA	IDEN NAME	
	t ascert		Could not	ascertain	
15. WAS DECEASED EVER IN U. S. AR (Yes, no or nnknown) (If yes, give war or	MED FORCES? dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Д	DDRESS
No None		None	Mrs. Edith R	. Jackson, 102 W.	39th. St.
18. 33/X		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITIO	N DIRECTLY		0	0	20
(This does not mean the mod heart failure, asthonia, etc. It r	le of dying, e.	g., (A) Core	bral has	all hage	3 kg.
injury or complication which	h caused deat	se.			
ANTECEDENT CA	USES				
		(B)	***************************************	***************************************	***************************************
DISEASES OR CONDITIONS	(A) STATING T				
UNDERLYING CONDITION	LAST.	(C)	0.000000		
L					
DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE (UNDERLYING CONDITION UNDERLYING CONDITION UNDERLYING CONDITION UNDERLYING CONDITION UNDERLYING CONDITION UNDERLYING CONDITION UNDERLYING CONDITIONS	NDITIONS CO	N. –			
TRIBUTING TO THE DEATH, BE			~		
19A. DATE OF OPERATION	AND DESCRIPTION OF THE PERSON NAMED IN	R FINDINGS OF OPER	RATION		20. AUTOPSY?
U U					YES NO
21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	n or 21c. WHERE D. INJURY OCCUP		give exact location)
21D. TIME (Month) (Day) (Ye	ear) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
OF INJURY		WHILE AT NOT WHILE			
22 77 1'f 17 17	m.		00 /0 105	2. haall 10.	C2:
22. I hereby certify that I	attended the	e aeceasea from	med at 2.32	from the causes and on t	that I last saw the
deceased alive on	4C 193		BB. ADDRESS	from the causes and on t	he date stated above.
Goseph X	3 Ku	m. p.	1210 Eu	Tow Reace	12/11/52
24a BURIAL, CREMA- 248. DAT TION, REMOVAL (Specify)	E		RY OR CREMATORY	24D. LOCATION (City, town	
	3-1952	Druid Ridge	Cometanza	Pilrografila Man	arell and
DATE RECEIVED BY REGISTRA	AR'S SIGNAT		25. FUNERAL DIRE	Pikesville, Mar	ADDRESS
LOCAL REGISTRAR	10 100	TATES . M. C.	7		
	71	W Walling STANDY a " " Y	TAWAYT & MAW	on Co TOS W No	nth Amenia
- 1052 Tun	tington	V Container, " y	tewart & Mow	en Co., 108 W. No	rth Avenue,



BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 11284

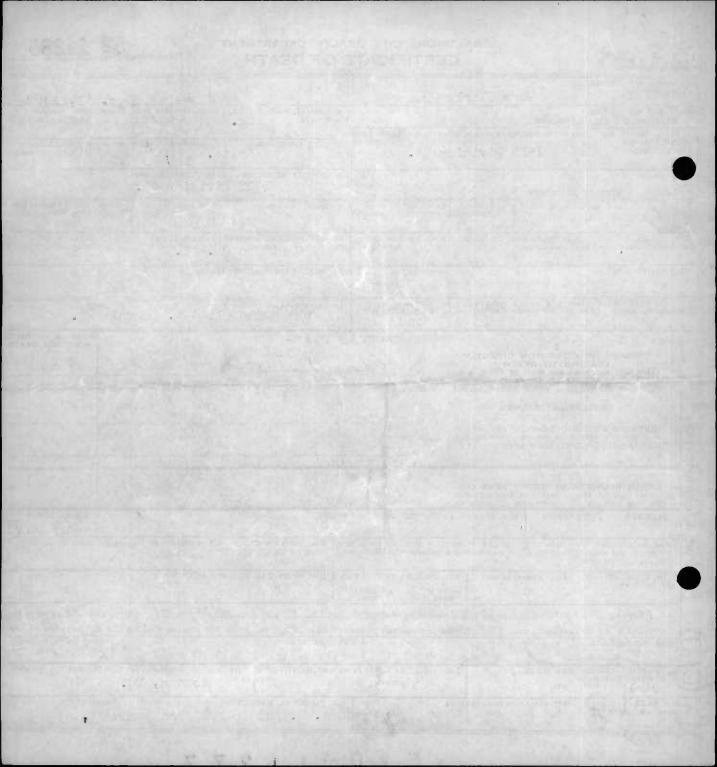
BIRTH NO.	E OF DEATH
1. NAME OF DECEASED WILLIAM BEEN BOSCH	2. DATE 12-10-52 OF DEATH
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE ARYLAND B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR	
INSTITUTION ST. AGNES HOSPITAL	township)
Yrs.	D. STREET CONFESS DE LA CONFE LOS PER LA CONFESS DE LA CON
c. Length of stay in Baltimore Mos.	
5. SEX MALE 6. COLOR OR RACE WHITE TARRIED, WINDOWED, DIVORCED (Specify MARRIED)	8. DATE OF BIRTH 894 9. AGE (In wars If Under I Year last bin day) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHELACE (State or foreign country) 12. BITTLEN OF WHAT COUNTRY?
PAINTER COACH	Mayeans
HENRY BUSCH	14. MOTHER'S MAIDEN NAME BENNETT
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or lates of service) SECURITY No.	This Staryold Busch MR
18. / [3 X] CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g.,	astolic Caromana
injury or complication which caused death.) DUE TO Ca	ensarcuma of Colon.
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURS	
m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from \$\mathcal{S}\$	-4, 1952, to 12-10, 1952 that I last saw the
	rred at 4:30 m., from the causes and on the date stated above.
Grade - Herry	238. ADDRESS Hospital 12-10-52
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 17-13-57 24C. NAME OF CEMET	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRABY Huntington Williams M.I	Seary D. Fally Cationwill md
VS 150	0 26
36 %	80112/8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 11285

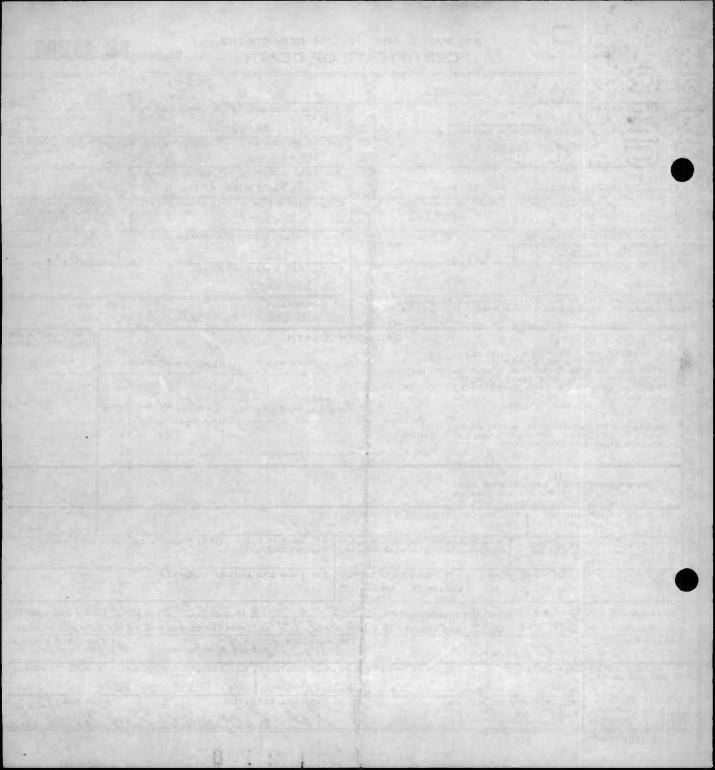
DIMITI	1101								
1. NAM (Type or	E OF DECE r Print)		y Clar	ke Hughes			2. OATE OF DEATH	Dec. 11.	1952
A. Balt	imore City	H: Maryland				MCE (WI	nere deceased lived. B. COUNTY	If institution:	residence e admission)
HOSPIT	NAME OF TAL OR UTION			tion, give street address or location) ion St.	C. CITY OR TOWN	Balto.	utside corporate	mis, write 1901	AL and give township)
c. Leng	gth of stay	in Baltimore	?	Yrs. Mos. Days	D. STREET AODRES		ral, give location) ision St.		
5. SEX	6.0	C C C C C C		E. MARRIEO, VED, DIVORCEO (Specify)	8. OATE OF BIRTH		9. AGE (in years last birthday) 73	li Under 1 Year Months Days	lf Under 24 Hours Hours Min.
10A, US work doned	UAL OCCUP	ATION (Give kind of king life, even if retired)	108. KIN	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (St Hartfor			12. CITIZE	N OF COUNTRY?
13. FAT	HER'S NAM	?			14. MOTHER'S MAI	DEN NA	ME		S.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT NO. 19. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10						nes ll	Ol W. Lanv	AODRESS	
TIFICATION	eart failure, an injury or com ANT DISEASES OR ISE TO THE AINDERLYING	mean the mode of them and the mode of them and the mode of them and them and them are them and them are them are them are the mode of the	ns the diseau aused death	96, h.) DUE TD (B) NG HE DUE TO (C)					
0	DATE OF O	PERATION 1		FINOINGS OF OPER	ATION			20. A	UTOPSY?
	NG OR CO	WAS UNDER DITTING TH	218. PL about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	a or 21c. WHERE DI	D (If	in Baltimore City	y, give exact lo	ocation)
22. dec. 23A	CAUSE OF OEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from the deceased flips on the deceased flips and that death occurred at # m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADORESS 24C DATE SIGNED 21F. HOW DID INJURY OCCUR? 11, 1957, to be 11, 1957, that I last saw the deceased flips on the date stated above. 23A. SIGNATURE 23B. ADORESS								
Bur	URIAL CREM MOVAL (Special	12/13/		24c. NAME OF CEMETE Towson			CATION (City, tov Towson, Md	•	(State)
	REGISTRAR		1- 1	Villiauma, M.J.	Geo . G. Kels		03 Presstm	an St.	
V	S 150		,	0 5 0 0	. 0 1 1	0 5	F		
				4 4 4		1 1			100



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 2 11286

BIRTH NO.					
1. NAME OF DECEASED (Type or Print) ISAAC SCHWARTZ	2. DATE OF DECEMber 12,1952				
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street addre	ss or Maryland				
HOSPITAL OR Nercy Hospital	C. CITT OR TOWN (11 dutside corporate limits, write hortal and give				
meroj nosprode	Baltimore (5) township)				
	rs. O. STREET ADDRESS (If rural, give location)				
Total Color Division AS Vers	los. 3517 Vinginia Ava				
	ays (
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED DIVORCED (SI	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) Months Days Hours Min.				
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS O	05 175				
work done during most of working life, even if retired) INDUS					
Presser Tailoring Tailor Shop	Russia U.S.A.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Abraham Schwartz	Freida Mary				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY N	O. 17. INFORMANT ADDRESS				
213-05-868	I Dorrid Caburante UDITU Mhitmar 6376				
	SE OF DEATH				
9 10.1	ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Carney Thinlose I day				
(This does not mean the mode of dying, e.g., (A)					
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
	interesaliste (. J. discorp 4 years				
ANTECEDENT CAUSES	Mirioschiolic (. V. ollering 7 700				
DISEASES OR CONDITIONS, IF ANY, GIVING					
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO					
UNDERLYING CONDITION LAST.					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)					
E II					
ME OTHER SIGNIFICANT CONDITIONS CON-					
TO THE DISEASE OR CONDITION CAUSING IT.					
. 194 DATE OF OPERATION 198 MAJOR FINDINGS OF C	PERATION 20, AUTOPSY?				
	YES NO				
V 21a. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (and Investment of the control of					
I THOU ON CONTRIBUTING					
CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCC	JRRED 21F, HOW DID INJURY OCCUR?				
	ZIF, HOW DID INJUNT OCCUR!				
OF INJURY WHILE AT NOT WHILE					
WHILE AT NOT W					
m. WHILE AT NOT W	DRK LI				
m. WHILE AT NOT WAT WORK AT W	FEB. 1 1948 to DEC. 12 1952 that I last saw the				
22. I hereby certify that I attended the deceased from deceased alive on OFC. 12, 1952, and that death of	FEB. 1, 1948, to DEC. 12, 1952, that I last saw the coursed at 9:30 m., from the causes and on the date stated above.				
m. WHILE AT NOT WAT WORK AT W	FEB. 1 1948 to DEC. 12 1952 that I last saw the				
22. I hereby certify that I attended the deceased from deceased alive on OFC. 12, 1952, and that death of	FEB. 1, 1948, to DEC. 12, 1952, that I last saw the coursed at 9:30 m., from the causes and on the date stated above.				
22. I hereby certify that I attended the deceased from deceased alive on OFC. 12, 19, and that death of 23A. SIGNATURE M. O 24A. BURIAL. CREMA-1 24B. DATE 124G. NAME OF CEM	FEB. 1, 1948, to DEC. 12, 1952, that I last saw the coursed at 9:30 m., from the causes and on the date stated above.				
22. I hereby certify that I attended the deceased from deceased alive on OFC. 12, 1952, and that death of 23A. SIGNATURE 24A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEM	FEB. 1, 1948, to DEC. 12, 1952, that I last saw the coursed at 9:30 m., from the causes and on the date stated above. 23B. ADDRESS CENTERS 23C. DATE 9 GNED 12 17 5 ETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)				
m. WHILE AT NOT WE AT WORK AT	FEB. 1, 1978, to DEC. 12, 1952, that I last saw the coursed at 9:30 m., from the causes and on the date stated above. 23B, ADDRESS CENTERS POR 23G, DATE 91GNED ETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) Zion Cong Cemetery Baltimore Md				
22. I hereby certify that I attended the deceased from deceased alive on OFC. 12, 1952, and that death of 23A. SIGNATURE 24A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEM	FEB. 1, 1948, to DEC. 12, 1952, that I last saw the coursed at 9:30 m., from the causes and on the date stated above. 23B. ADDRESS CENTERS 23C. DATE 9 GNED 12 17 5 ETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)				
22. I hereby certify that I attended the deceased from deceased alive on OFC. 1952, and that death of 23A. SIGNATURE 24A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMBOYAL (Specify) Burial December 14,1352 Sharrei DATE RECEIVED BY REGISTRAR'S SIGNATURE	FEB. 1, 1978, to DEC. 12, 1952, that I last saw the coursed at 9:30 m., from the causes and on the date stated above. 23B, ADDRESS CENTERS POR 23G, DATE 91GNED ETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) Zion Cong Cemetery Baltimore Md				
22. I hereby certify that I attended the deceased from deceased alive on OFC. 12, 1952, and that death of 23A. SIGNATURE 24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMBURIAL (Specify) Burial December 14, 1952 Sharrei DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR REGISTRAR ALL ALL ALL ALL ALL ALL ALL ALL ALL	ETERY OR CREMATORY 24D. LOCATION (City, town, or county) Zion Cong Cemetery Baltimore Md 25. FUNERAL DIRECTOR ADDRESS // 240. LOCATION (City, town, or county) ADDRESS // 260.				
22. I hereby certify that I attended the deceased from deceased alive on OFC. 19. and that death of 23A. SIGNATURE 24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMBURIAL (Specify) BURIAL SPECIFIC DECEMBER 14, 1952 Sharrei DATE RECEIVED BY REGISTRAR'S SIGNATURE.	ETERY OR CREMATORY 24D. LOCATION (City, town, or county) Zion Cong Cemetery Baltimore Md 25. FUNERAL DIRECTOR ADDRESS / 1978, to DEC. 12, 1952, that I last saw the courred at 9:30, that I last saw the course at 9:30, tha				



russicians. prease write one causes of death crearry and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 2 11287

BI	RTH NO.								
1. (T	NAME OF D 'ype or Print)	ECEASED RO	OSA VAL	ENTINI	OF DEATH Dec. 11, 1952				
A.		City, Maryland 350			4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE Md. B. COUNTY before admission)				
H	SPITAL OR	OF (If not in hospit	al or institut	cion, give street address or location)					
C.	Length of s	tay in Baltimore		50 yrs. Mos. Days	o. STREET ADDRESS (If rural, give location) 2325 E. Hoffman St.				
	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED.	8. DATE OF BIRTH		nder 1 Year If Under 24 Hours		
	female	white	WIDOW	VED, DIVORCED (Specify) widowed	Feb. 28, 1889	63	ths Days Hours Min.		
worl	a. USUAL OC doneduring most uttonhol	CUPATION (Give kind of of working life, even if retired) B Maker	Avenue	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY? Italy		
13	FATHER'S	SAlvador SAlvador	Sales	crothing (n)	14. MOTHER'S MAIDEN NAME Maria Tcresa				
15 (Ye	. WAS DECEASE s, no or unknown) NO	ED EVER IN U, S. ARMEI (If yes, give war or date	D FORCES?	16. SOCIAL 215 10 10180.	Mrs. Anna Mohr, dght, 3505 Dudley Ave.				
	18. 43	10,1.		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY								
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,								
G	injury or complication which caused death.) DUE TO								
Z									
ATIC	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.								
-IC/	(C)								
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CON-								
CE									
AL	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION								
EDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING DEATH 21B. PLACE OF INJURY (e.g., in or labout home, farm, factory, street, office bldg., etc.) 1NJURY OCCUR?								
Σ	21D. TIME OF INJURY	URY OCCUR?							
			m.	WHILE AT NOT WHILE AT WORK					
1	22. I hereby certify that I attended the deceased from 21 W, 19 11, to 11 16 , 19 12, that I last saw the deceased alive on 11 04, 1950, and that death occurred at 110, m., from the causes and on the date stated above.								
	deceased a		m the causes and on the	2 date stated above.					
	25A. 516NA	AVerend 1	men	м. р.	1513 N. Milki	n and	12 000 5V		
710 TI	on, REMOVAL (S Buria	CREMA- 24B. DATE		Holy Redeem	er Cem., 240	o. LOCATION (City, town, o lair Road	r county) (State)		
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 SCHIMMINEK FUNETAL Home, Inc. ADDRESS 2601-3-5 E. Madison St.									
VS 150 -6800461 27 ?									
				1.0	March Propt V	The state of the s			

extend with court want and a little of are SANTALIN SELECTION OF THE PROPERTY OF THE PARTY OF THE PA

correct age is especially important. Physicians: please write the causes of dearn clearly and leginly.

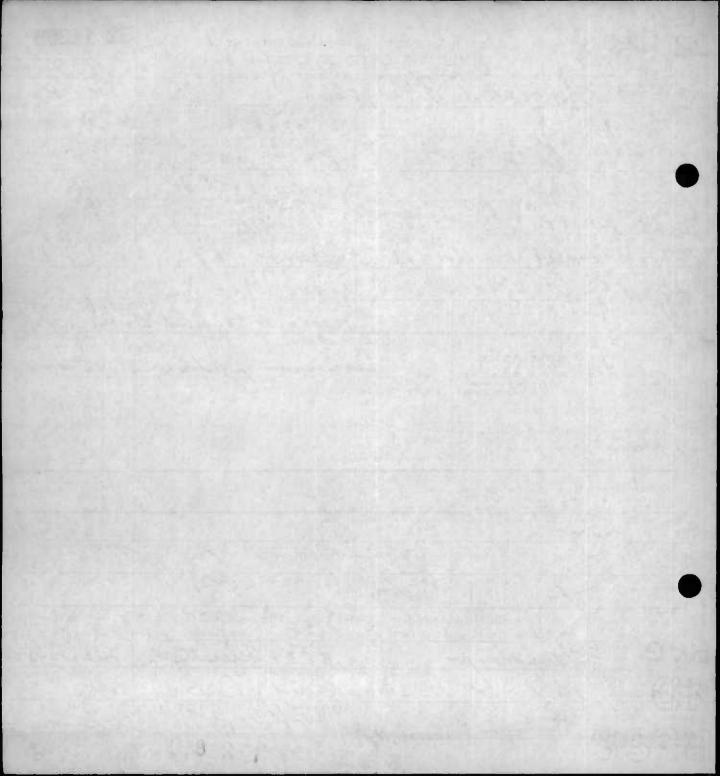
BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.				CERTIFICATE OF DEATH Registered No.							
	NAME OF D	ECEASED				La DATE					
(T	'ype or Print)	SElina W.	Siege			OF Dect m	ber 11,1952				
	Baltimore (City, Maryland	-		4. USUAL RESIDENCE (W	There deceased lived. If B. COUNTY	institution: residence before admission)				
В.	FULL NAME		al or institut	ion, give street address or	Maryland	Beltimin					
	SPITAL OR	Union Memori	al Hos	location)	c. CITY OF TOWN (If	outside corporate limit	s, write NURAL and give township)				
	1				Batimore	12	Cownship)				
	1		Lifet	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)						
		tay in Baltimore		Days	Lake Drive Apts, Baltonine -17, Md						
1 10/17		7. SINGLI WIDOW	E, MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years Molast birthday) Mo	under 1 Year H Under 24 Hours nths: Days Hours: Min.					
	muke	White		idored	April 9, 1864	88					
	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY?				
		me			Baltimore, M.	laryland	USA				
13	FATHER'S		. 4000		14. MOTHER'S MAIDEN NA						
		raham Wei			REgin	a Blum					
15 (Ye	s. WAS DECEAS s, no or nnknown)	ED EVER IN U.S. ARMEI (If yee, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS				
Ì	_				Mr. Arthur W.	Sard 9/2 Broo	is lone				
	18. 58	4X		CAUSE	OF DEATH		INTERVAL BETWEEN				
		SE OR CONDITION	DIRECTLY		1010		ONSET AND DEATH				
	(This does	LEADING TO DEA	TH of dying, e.;	e. (a) Uen	to Choleeys	titis +	THE AND L				
	heart failt	re, asthenia, etc. It mea complication which o	ns the diseas	e,							
				loc	elized peri	tonitis					
Z											
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO A A D O. + A.										
Y		YING CONDITION LA		Celithiasis	8-						
FIC				(C) Br	liany obst	metia					
E	OTHER S	II SIGNIFICANT COND	ITIONS CO	N							
Ä	TRIBUTIN	G TO THE DEATH, BUT	NOT RELAT	ED // att	seleste hea	t diseas					
,				FINDINGS OF OPER			20. AUTOPSY?				
AL		- v					YES NO				
100	21A. ACCIDI HOMICIDE	ENT. SUICIDE, (Specify)		ACE OF INJURY (e. g., i		f in Baltimore City, g	rive exact location)				
1EI	11011110101	(Specify)	about Boat,		TASSICT CCCORT						
	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?					
	OF MUSCICI										
	22. I hereby certify that I attended the deceased from December 10, 1952, to December 1, 1953, that I last saw the										
	deceased alive on Occ. 11, 1952, and that death occurred at 100 mm., from the causes and on the date stated above										
	23A, SIGNA		1		3- ADDRECC		23c. DATE SIGNED				
	10	Hulbara		M. D.	Union Memeral		Dec 11, 1952				
24a. QURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (City, town, or county)											
Burial 12/14/52 Hebrew Friendship Cem. Balto., Md.											
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25-FUNERAL DIRECTOR ADDRESS											
DEC 131316 Huntington Williams, M. J. Wener & Sons											
VS 150											
5 2 0 2 1 1 2 8 Catto 1 1, 1100											
	- 18		17	and the late to	574						

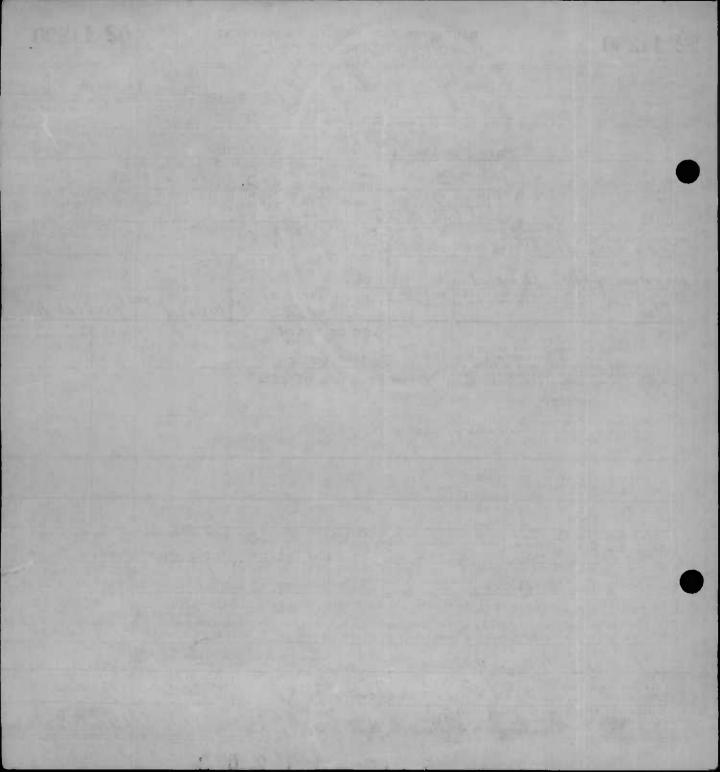
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i -	362				
5%	11289	BALTIMORE CITY HE	EALTH DEPARTMENT		11289
BIF	ATH NO.	CERTIFICATI	E OF DEATH	Registered No.	
	NAME OF DECEASED AMES	a. Stupps	SON	OF JZ- /	1-5-1
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (titution: residence before admission)
HO:	SPITAL OR (If not in hospital or in STITUTION	stitution, give treet address or location)		f outside corporate limits,	wite RERAL and give township)
0	0 10016.32	Yrs.		rupal, give location)	O O township
c.]	Length of stay in Baltimore	Mos. Days	180 / 6 3 Y	- 54	
m	ALE White 7. SI	NGLE, MARRIED. DOWED DIVORCED (Specify)	1-16-1871	last binhday) Mont	der 1 Yeer if Under 24 Hours hs Dnys Hours Min.
WOE	A LES MAN-SELF HOL	KIND OF BUSINESS OR INDUSTRY	BAL+0	foreign country) 12	2. CITIZEN OF WHAT COUNTRY?
3.	OhN T. Stupg	EON	HANE MU	P dock	
Y do.	WAS DECEASED EVER IN U. S. ARMED FORC (If yes, give war or dates of servi	16. SOCIAL SECURITY NO.	TREADUS A. ST	ORGEN ELMH	urs + NA.
	18. /99./ 1	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying		runoma 2.	aldonen	2 some -
	heart failure, asthenia, ctc. It means the injury or complication which caused	lisease,		•••••••••••••••••••••••••••••••	***************************************
	ANTECEDENT CAUSES				
TION	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIN			***************************************	•••
CAT	UNDERLYING CONDITION LAST.	(C)			
RTIFI	II			er er er ut	
Ш	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS.	ELATED			
0		JOR FINDINGS OF OPER	RATION		20, AUTOPSY7
DICA	21A. ACCIDENT WAS UNDER- 21E	PLACE OF INCURA (e.g.,	in or 21c. WHERE DID	M in Baltimore City, giv	YES NO
1EDI	LYING OR CONRIBUTING about	home, farm, factory, street office bldg.,			
	21D. TIME (Month) (Day) (Year) (Hour OF INJURY	21E. INJURY OCURR WHILE AT NOT WHILE MORK AT WORK		CUR?	
	22. I hereby certify that I attended		/ 0 11	2-11 , 152,	
	deceased alive on /2 -// , 195	Z, and that death occur	rredat 3 m., from	the causes and on the	date stated above.
	- Mauristo	M.D.	3534 Mille	eration le	12-12-52
E C	A BURIAL CREMA- REMOVAE (Specify)	24c, NAME OF CEMETE	Gent C	action (City, town, or	county (State)
	TE RECEIVED BY REGISTRAR'S SIG	. liv.	25 FUNERAL DIRECTOR	8.m.Wa	Ollins
U	Ws 150	9 5 2	Statt 9	Brick	10%.

Inysicians: please write the causes of ucath tiedily and regions.



12	35	BALTIMORE CITY HE		Registered No_	11290		
	IRTH NO.	A	OF DEATH	2. DATE			
(7	Type or Print) DONALI	McDONAL		OF DEATH Decemb			
	. PLACE OF DEATH: . Baltimore City, Maryland		4. USUAL RESIDENCE (Wh	ere deceased lived. If insta B. COUNTY	itution: residence before admission)		
H	FULL NAME OF (If not in hospital or i OSPITAL OR NSTITUTION Franklin Square	nstitution, give street address or location) Hospital 7.0.A	Maryland c. CITY OR TOWN (If or Baltimore	utside corporate dinits, w	township)		
	Length of stay in Baltimore	v3		icker Street	Basins		
1	. SEX 6. COLOR OR RACE 7. S	NGLE, MARRIED.		9. AGE (In years If lade last be the lay) Months	t l Year H Under 24 Hours B Days Hours Min.		
NOT NOT		KIND OF BUSINESS OR	11. BIRTHPLACE (State or for	eign country) 12.	CITIZEN OF WHAT COUNTRY		
T T	PONALD J. Mª DONAL	4	14. MOTHER'S MAIDEN NAM	ME			
1 (Y	5. WAS DECEASED EVER IN U. S. ARMED FOR es, may unknown) (If yes, give war or dates of ser	CES? 16. SOCIAL vice) SECURITY NO.	DONALD J. M. DON	VALD 3AD PASA	dena Md		
ATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ONSET (A) Skull fracture (A) Skull fracture (B) Rupture of liver and spleen (B) Peritoneal hemorrhage (C) Peritoneal hemorrhage						
ERTIFICA	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU	RELATEO					
C		AJOR FINDINGS OF OPER	RATION		YES X NO		
MEDICAL	UNDERLYING OF CONTRIB. UTING CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hou of INJURY) Found: 12/12/52 2:00 A	m. WHILE AT NOT WHILE AT WORK	B&O Railroad Yare DED 21F. HOW DID INJURY TOOF OF lumbe:	occurApparentl r shed to rail	exact location) & Eagle St y fell from		
especial	22. I certify that I took charge o the evidence obtained by said and death in my opinion resu	Autonsy. Inspection or	Inquiry, find that said dec s [], accident [3], suicide [nspection or Inquiry ceased died on the c □, homicide □, unde	etermined .		
rect age 18	AA) BURIAL, CREMA- CREMOVAL (Specify) 24B. DATE	MAME OF CEMETE	238. CHIEF MEDICAL EXAMPLE ASSISTANT ASSISTANT MEDICAL EXAMPLE EXAMPLE ASSISTANT MEDICAL EXAMPLE EXAMPLE ASSISTANT MEDICAL EXAMPLE ASSISTANT MEDICAL EXAMPLE EXAMPLE EXAMPLE E	XAMINER	12, 1952 count) (State)		
	OCAL REGISTRAR REGISTRAR'S SIGNAL REGISTRAR	- EAFBED LOWING	2 FUNEFAL DIRECTOR	m. Wall	DRESS		
V	15 151 N8042	5 2 0	Tratto Pa	ricks (013		



write the centers of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

gistered 52 11291

D/S B	11291. RTH NO.	RTIFICATI	E OF DEATH	H Reg	istered No.	LLCHI	
(7	NAME OF DECEASED Catherine	F.	Bell		2. DATE OF DEATH	Dec.	11,1952
Α.	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDE		d lived. If insti UNTY	tution : residence before admission)
H	FULL NAME OF (If not in hospital or in operation of the control of	we.	rive street address or location)	c. CITY OR TOWN	(If outside corp	frate linits, wr	RETRAL and give township)
	Length of stay in Baltimore	fe	Yrs. Mos. Days	D. STREET ADDRES	0/ 1/	er ave	
4	emale It hite 3	DOWED	ARRIED, DIVORCED (Specify)	april 9,1	879 9. AGE (II	hday) Months	1 Year If Under 24 Hours Days Hours Min.
10 wor	A. USUAL OCCUPATION (Give kind of k done luring most of working life, even if retired)	1 7	BUSINESS OR INDUSTRY	Balto.	tate of foreign country	y) 12.	CITIZEN OF
13	Hilliam Sch	laur	ran	Matild	DEN NAME	noneim	an
15 (Ye	. WAS DECEASED EYER IN U. S. ARMED FORCE s, no or unknown) (If yes, give war or dates of service)	S? 16.	SOCIAL SECURITY NO.	17. INFORMANT	inisar -	14072H	alther Con
	18. 420.11		CAUSE	OF DEATH			INTERVAL BETWEEN
	DISEASE OR CONDITION DIREC LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the injury or complication which caused	e.g.,	(A) Coron	cary Theron	ubosis		Idays
CATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, (RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.	SIVING	(Barteri DUE TO Va	sevlar y	Cardio Ossense		15-Jan 1946
CERTIFIC	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSI	LATED					
AL			DINGS OF OPER	ATION			20. AUTOPSY?
IEDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about! CAUSE OF DEATH	PLACE (OF INJURY (e. g., in actory, street, office bidg., e	21c. WHERE DI	D (If in Baltime	ore City, give	exact location)
M	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. WHILE WOR		21F. HOW DID	INJURY OCCUR?		
	22. I hereby certify that I attended	the dece	eased from 15	an , 1946			at I last saw the
	deceased alive on //- Dec., 195	2, and		red at 10.10 P.m.,	from the causes		ate stated above.
	Chas le Edu	wood.	w. D.	2746 Mee	Blames	a 1:	2-Dec-52
TI	DURIAL (CREMA-) 248. DATE OUR REMOVAL (Specify) / 2-/5-5	27	Cridon	RY OR CREMATORY	Freder	ih Rd-	Balto. Md.
	ATE RECEIVED BY REGISTRAR'S SIGN	11/1	lique MJ	John C. M	ller Ine - à	435 E.	Olive St.
40	VS 150				and a		

E00011283

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH MLB. 165191 BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Thomas Hawkins OF 12-9-52 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in bosnital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR location) C. CITY OR TOWN (If cutside corporate limits, write RURAL and give Baltimore ity Hospitals INSTITUTION 4940 Eastern Ave Baltimore (If rural, give O. STREET ADDRESS Vrs. c. Length of stay in Baltimore 770 Waeshe St Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8, DATE OF BIRTH 9. AGE (In years If Under | Year If Under 24 Hours last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Male Negro WIDOW IOA. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF working most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no of unknown) (If yes, give war or dates of service) 16. SOCIAL imore City Hospitals (Yes, no of upknown) 4940 Eastern Ave 18. 31 X CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cerebrevascular Accident 17days (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING OUE TO

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?

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CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21F. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY 22. I hereby certify that I attended the deceased from 11-21-, 1952, that I last saw the 19 520 6:50 A. Hom the causes and on the date stated above. 12- 9- 19 52, and that death occurred at_ deceased alive on 23A. SIGNATURE 23c. DATE SIGNED 4940 Eastern Ave. Balto. Md. 12-9-52 24A. BURIAL, CREMA. 2 B. DATE

FION REMOVAL (Specify) DATE RECEIVED BY REGISTBAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR unterglow "V\$ 150 16

AND HOLD THE

52	11293		BAI	CERTIFICAT			52 red No	11293
В	IRTH NO.			CERTIFICAT	E OF DEAT	H Registe.	rea 110,	
1.	NAME OF DE Type or Print)	CEASED JAMES	BARMS			2. DATE OF DEATH	19/11	/50
	PLACE OF DE Baltimore Ci	ATH:	DANT	DE LES RETUES	4. USUAL RESIDE	ENCE (Where deceased liv		tution : residence before admission)
H	FULL NAME O OSPITAL OR ISTITUTION	508 N. PA		tion, give street address or location)	c. CITY OR TOWN	(If outside corporate	_0	ite LURAL and give township
C	Length of sta	ay in Baltimore	303	Yrs. Mos. Days	D. STREET ADDRE	PAYSON STREE		
5	SEX M	6. COLOR OR RACE	7. SINGL	E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH 2/14/189	9. AGE (ln yea	ers If Under	Year If Under 24 Hours Days Hours Min.
wor	BRICK 13. FATHER'S NA			O OF BUSINESS OR INDUSTRY	HAMPSIDN			CITIZEN OF WHAT COUNTRY
	TOSEPH	BARTS			14. MOTHER'S MA	JOHNSON		V
(Y	MAS DECEASED m, no or unknown)	EVER IN U. S. ARMED (If yes, give war or dates NO	FORCES?	16. SOCIAL SECURITY NO. 217-05-66	17. INFORMANT	BARTS(W)508	PAYSO	
CERTIFICATION	(This does heart failure injury or carry	O X I COR CONDITION I LEADING TO DEAT not mean the mode of e, asthenia, etc. It mean complication which co NTECEDENT CAUS OR CONDITIONS, IF E ABOVE CAUSE (A) NG CONDITION LAS II GNIFICANT CONDITION TO THE DEATH, BUT I	H f dying, e. s ns the diseas aused death ES FANY, GIVIN STATING TH ST.	(B) (C)	S Coupe	elys fai	lug	DAY,
		EASE OR CONDITION	CAUSING I		ATION			20. AUTOPSY7
IEDICAL	21A. ACCIDE LYING OR CAUSE OF D	NT WAS UNDER- CONTRIBUTING EATH	21B. PLA about home,	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	a or 21c. WHERE D		City, give e	exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK 22. I hereby ccrtify that I stended the deceased from 19, to 1, 19 that I last saw								
	deccased alia		19/4	and that death occur	red atm.,	from the causes and		ate stated above.
	4A. BURIAL, CF ON, REMOVAL (Sp	REMA- 24B. DATE ecify)	50	24c. NAME OF CEMETE HAMPSIDNEY	RY OR CREMATORY	24D. LOCATION (City, HAMPSIDNEY,		ounty) (State)
D	ATE RECEIVED		S SIGNATU			COOPER-512		RESSTON

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THE THE WAY OF THE THE PARTY OF THE P AV THERETE THEF TO THE PERSON OF · W Callettana and Saturday of the TO PERSONAL PROPERTY OF STREET L

171				59 44004
94	CERTIFICATI	E OF DEATH	Registered I	52 11294
ECEASED Mary Sco	tt		2. DATE OF DEATH Dec	. 12-1952
EATH: Dity, Maryland OF (If not in hospital or institut Baltimore City Hosp	ion, give street address or itals location)		here deceased lived. If B. COUNTY outside corporate lim	before admission
4940 Eastern Ave.		Baltimore		townsam
tav in Baltimore Li	Yrs. Mos. Days	3520 Hilton Road		ome)
	VED, DIV ORGED (Society)	8. DATE OF BIRTH Oct. 3-1876	9. AGE (in years)	
CUPATION (Give kind of of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Maryland		12. CITIZEN OF WHAT COUNTRY
OT KIVOWN		Not KIVO		/
D EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT timore Records: 4940 Eas	City Hospit	DARESS
32.7		OF DEATH		INTERVAL BETWEE
SE OR CONDITION DIRECTLY LEADING TO DEATH not mean the mode of dying, e. s	(A)	Pneumonia		liWeek
re, asthenia, etc. It means the diseas complication which caused death	e, .) DUE TO			
ANTECEDENT CAUSES	(B) Fractur	e Right Femur	×- \$	
S OR CONDITIONS, IF ANY, GIVIN HE ABOVE CAUSE (A) STATING TH 'ING CONDITION LAST.	E DUE TO	lized Arterioscle	erosis ICATION APPROV	/ED RY
II IGNIFICANT CONDITIONS CON TO THE DEATH, BUT NOT RELATE SEASE OR CONDITION CAUSING I	.D	R	Stroh	М. Д.
F OPERATION 198 MAJOR	FINDINGS OF OPER	ATION CHIEF C	RASSE MENICEL . ZA	MINER 20 AUTORSV2

RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST OTHER SIGNIFICANT CONDITIO TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OR CONDITION C. 19A. DATE OF OPERATION

NOT KIVOU

DISEASE OR CONDITION DI LEADING TO DEATH (This does not mean the mode of d heart failure, asthenia, etc. It means injury or complication which caus

DISEASES OR CONDITIONS, IF A

21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING

deceased alive on 12-12-

White 10A. USUAL OCCUPATION (Givelindof) work done during most of working life, even if retired)

15. WAS DECEASED EVER IN U. S. ARMED F

902.7

Female

(Yes, no or unknown)

ERTIFICATION

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EDICA

NONE 13. FATHER'S NAME

(If in Baltimore City, give exact location)

about bome, farm, factory, street, office bldg., etc.)
Nursing Home CAUSE OF DEATH OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 11-20-1952

19_52

21c. WHERE DID 3520 Hilton Road 21F. HOW DID INJURY OCCUR? Apparently fell Trom chair to tloor

NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from-

218. PLACE OF INJURY (e.g., in or

1952, to 12-12-1952, that I last saw the and that death occurred at 3.30Pm., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED

23A. SIGNATURE 24c. NAME of CEMETERY OR CREMATORY

REGISTRAR'S SIGNATURE

EC 15-5%

4940 Eastern Ave., Baltimore, Md.

24A. BURIAL, CREMA-TIPN REMOVAL (Specify) BURIAH DATE RECEIVED BY

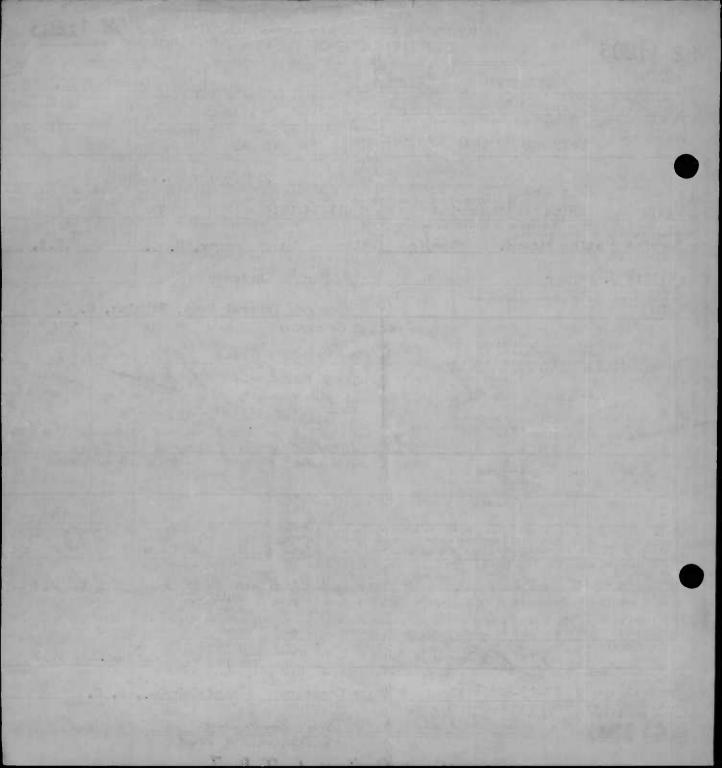
LOCAL REGISTRAR

25. FUNERAL DIRECTOR

To be approved by the Medical Examiner

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AND LESS HE WA The Part of the State of the own The second and the second C (* 1940)



52 11296 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 12-13-52 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RURAL and give INSTITUTION township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Davs 6. COLOR OR RACE 5 SEX 7. SINGLE, MARRIED If Under 1 Year 9. AGE (In years) lost hirthday) Months: Days Hours: Min. WIDOWED DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 1 % BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? you house Housewith 18. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes. oo or uokoown) (If yes, give war or dates of service) SECURITY NO. 20 NTERVAL BETWEEN 18. OF DEATH 330 x and ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. Diabetes mellitus. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from 12-12-52, 1952 to 12-13 , 19 L that I last saw the ___, 1952 and that death occurred at 2 deceased alive on 12-13 m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 2-13-52 24A BURIAL, CREMA-24c. NAME of CEMETERY OR CREMATORY REMOVAL (Specify)

VS 150

DATE RECEIVED BY

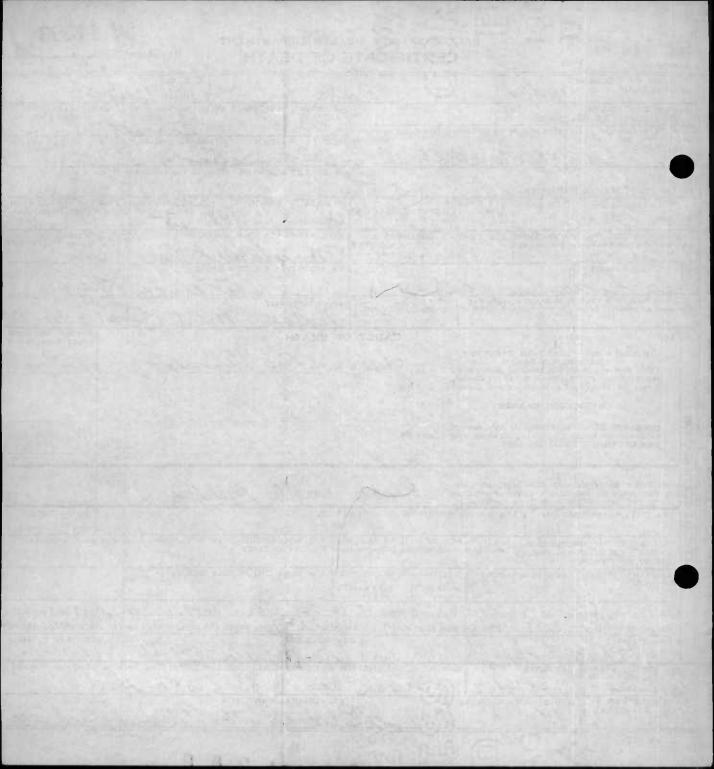
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

AAC

ADDRESS

25. FUNERAL DIRECTOR



52 6 52 11297 BIRTH NO.

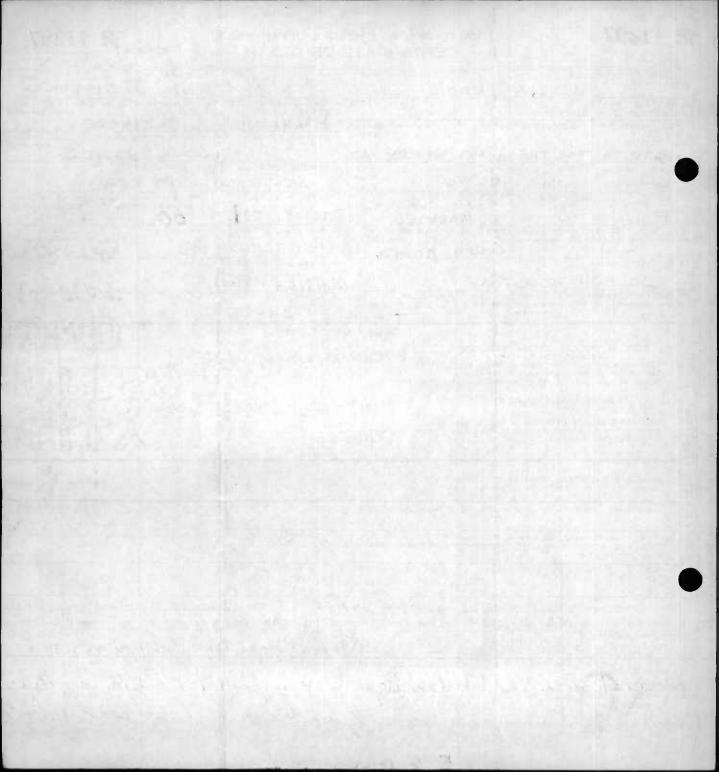
correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

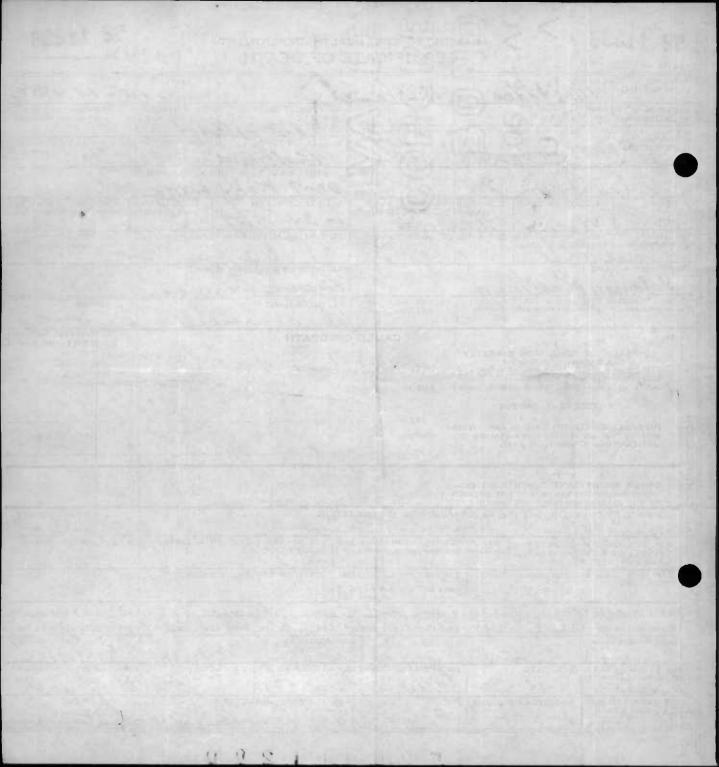
BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 11297

BIRTH NO.	CERTIFICATI	E OF DEATH	registered no			
1. NAME OF DECEASED (Type or Print)			2. DATE			
JULIA E.	NSOR			13,1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If ins	stitution : residence before admission)		
B. FULL NAME OF (If not in hospital or in	nstitution, give street address or	MARYLAND	BALTIMOI	, , , , , , , , , , , , , , , , , , , ,		
HOSPITAL OR INSTITUTION	location)	c, CITY OR TOWN (If	outside corporate limits,			
HOSPITAL FOR THE WO	MEN OF MARY LAND	53-00	COCKGYSU	ILLE TOWNSHIP)		
7	Vec.	D. STREET ADDRESS (If i				
c. Length of stay in Baltimore	74 Days		Run ROA			
	INGLE, MARRIED, IDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years f Un last birthday) Mont	hs: Days Hours: Min.		
F W	MARRIED	DGC. 18, 189	60			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		2. CITIZEN OF WHAT COUNTRY?		
H.W. 0	wn home	BUTLER	MD.	4.5.4.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME			
JOSEPH ROUSTO	V	Matilda PITTS				
15. WAS DECEASED EVER IN U. S. ARMED FORC	ES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADI	DRESS		
No	SECORITI NO.	CHART				
18. 420.0	CAUSE	OF DEATH		INTERVAL BETWEEN		
DISEASE OR CONDITION DIREC	TLY / Junou J	0.0.000		ONSET AND DEATH		
LEADING TO DEATH (This does not mean the mode of dyin	g, e. g., (A)	19x WSufficielle	4	7 ruoutes		
heart failure, asthenia, etc. It means the injury or complication which caused	disease,		J			
ANTECEDENT CAUSES	1	00.11	1.	1		
	(B) Meut	ollerotic wart	disease	several goes		
DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATE	GIVING NG THE DUE TO A			7		
UNDERLYING CONDITION LAST.	(c) Oles	rife!		Museury reals		
 	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	0				
T OTHER SIGNIFICANT CONDITIONS	S CON-					
TRIBUTING TO THE DEATH, BUT NOT R	ELATED					
	AJOR FINDINGS OF OPER	ATION		20, AUTOPSY?		
7				YES NO		
	B. PLACE OF INJURY (e. g., is	or 21c. WHERE DID (II	in Baltimore City, giv	e exact location)		
LYING OR CONTRIBUTING about CAUSE OF DEATH	home, farm, factory, street, office bldg., e	tc.) INJURY OCCUR?				
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?			
OF INJURY	m. WHILE AT NOT WHILE					
22. I hereby certify that I attended	THE RESERVE OF THE PERSON OF T	0. 20 1052.4.05	C 48 1051-	41		
deceased alive on DEC: 13, 19						
23A SIGNATURE		3B. ADDRESS .		23c. DATE SIGNED		
Hellerard Heard Kers	1	JOMEN'S HOSPITAL		12-13-5		
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (Sta						
Buria Dec. 16.19	VIBlack Rock	Cemeter But	Ver Balta	Co. Md.		
DATE RECEIVED BY REGISTRAR'S SIG	NATURE	25. FUNERAL DIRECTOR	7	DORES		
LOCAL REGISTRAR	W11: 400	lecale Souton	intella Hours	I riedan to		



	632 52 1129 BIRTH NO.	8			EALTH DEPARTME	NT	52 1	
	1. NAME OF DEC (Type or Print)	MRS +70	Rence	R. CROW	ets	2. DATE OF DEATH	2-13	1952
	3. PLACE OF DEA A. Baltimore Cit	TH:			4 USUAL RESIDENC	E (Where deceased liv B. COUNT	ed. If institution	on: residence efore admission)
	B. FULL NAME OF HOSPITAL OR	(If not in hospita	al or institution	on, give street address of		land	12-24- 14 Y	DYSTA A TO 3
	INSTITUTION	anen	da	setal	13-11	(If outside corporate	I T _ 4	township)
legibly		of part	21	Yrs.	D. STREET ADDRESS	(If rural, give location	on)	/
	c. Length of stay		16	Mos. Days	2809 Kok			
and	5. SEX 6.	COLOR OR RACE	WIDOW	, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year last birthday		
	10A. USUAL OCCU	PATION (Gixekindof)	10B. KIND	OF BUSINESS OR	II. BIRTHRLACE (State	or foreign country)	. 12. CIT	IZEN OF
clearly	work done during most of we	orking life, even if retired)		INDUSTRY		iore Ma		IAT COUNTRY?
)	13. FATHER'S NAM	ME .			14. MOTHER'S MAIDE	N NAME		
death	_ dotoma	nKellm	an		Bessie to	Keman		
of	(Yes, no or nnknown)	EVER IN U.S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		APDRESS	
causes					Were ro	wets -	dans	~
	18. 201	X I		CAUSE	OF DEATH	1		ERVAL BETWEEN
the	L	OR CONDITION I EADING TO DEAT of mean the mode of	·H	14 -	alicina De	10 - 8	,	W.
write	heart failure,	asthenia, etc. It mean	ns the disease					8
		ITECEDENT CAUS						
ase	z	R CONDITIONS, IF		(B)	***************************************			***************************************
ple	RISE TO THE	ABOVE CAUSE (A)	STATING THE	E DUE TO				
ns:	CA	S CONDITION EX	51.	(C)	***************************************		•••••••••••••••••••••••••••••••••••••••	***************************************
Physicians: please	H	П		ale de la companya de				
nys	TRIBUTING TO	D THE DEATH, BUT	NOT RELATED					
	19A. DATE OF	OPERATION 1		FINDINGS OF OPE	RATION		120	AUTOPSY?
nt.	& Tune 1	9,	How	skin , a	luce.		YE	
important.	I LYING OR C	T WAS UNDER-		E OF INJURY (e. g., irm, factory, street, office bldg.,		(If in Baltimore (City, give exac	et location)
mpc	CAUSE OF DE	ATH						
	OF INJURY	onth) (Day) (Year)	` '	HILE AT NOT WHILE		JURY OCCUR?		
ially			m.	WORK AT WORK	<u> </u>	. /40		
especia		1	ended the	deceased from	1916, to		19 34 , that	I last saw the
	deceased alive	RE RE	, 19 5 – , a	nd that death occur	rred at 12:56 m., fro	m the causes and		Stated above.
e is	James	4. Cin	no	M. D.	Tality or	bled o	14/	13/2
age	24% TURIAL, CRE	MA- 24B. DATE	2	40 NAME OF CEMETE	OR CREMATORY 24	D. LOCKTION (City,	town, or count	(State)
correct	Herrise	1/2-14	12/	onaco	prael	bul	to	Ma
cor	DATE RECEIVED E		SIGNATU	RE	25. FUNERAL DIRECT	OR - 7	ADDRE	Po
	UEG 1 4 195		In IV	LAILLA- MY	neek pewa	ONE XIOU	outs	m K
	VS 150	0		- 6		0		
		1000	1 64	A. 14	1 2 7	1,3		



52 11299 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

52 11299

B	IRTH NO.			CERTIFICATI	E OF DEATH	Registered 1	0
=	NAME OF D	ECEACED A					
	ype or Print)	LOA	BA	h FO	1/	2. DATE OF DEATH	13-52
3. A.	PLACE OF DE Baltimore C	EATH: City, Maryland 2)	49 1	unlow are	4. USUAL RESIDENCE (V		institution : residence before admission
В.	FULL NAME			ion, give street address or location)	c, CITOR TOWN (If	outside corporate limit	s, write RURAL and give
IN.	ISTITUTION .	Truedler	D 5	lone	Malten	ore 6	township
				Yrs.	D. STREET ADDRESS (If	rural give location)	11
c.	ength of st	tay in Baltimore	7 CINCLE	Days Days	1901 6 ast	Jamo	ut ave
Z	emale	white	WIDOW	VED, DIVORCED (Specify)	8. DATE OF BIRTH		nths Days Hours Min.
1C	A. USUAL OC	CUPATION (Give kind of f working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fe	oreign country)	12. CITIZEN OF
1	House	wile.		INDUSTRE	Musses	-	WHAT COUNTRY
TS	. FATHER'S N	IAME		SERVER PROFESSION	14. MOTHER'S MAIDEN N.	AME	
1/2	were	Tham'			Marsh		
(Ye	s, no or unknown)	D EVER IN U. S. ARMET (If yos, give war or date	of service)	16. SOCIAL SECURITY NO.	17 INFORMANT	AI	DDRESS
-	140 (vinoure re	m- 80111	INTERVAL BETWEEN
	18. 47	2./1		CAUSE	OF DEATH		ONSET AND DEATH
	DISEAS	E OR' CONDITION LEADING TO DEAT	DIRECTLY	1. 1	POTT.	. /	12/. 1
	(This does	not mean the mode o	f dying, e. g	. (A) Cere	na / mos	works	1712/52
	heart failui	re, asthenia, etc. It mea complication which c	ns the disease	e,			
	injury or	complication which c	auseu death			0 1	
		ANTECEDENT CAUS	ES	(- f	0.	to Cardo	1 1
Z				(B) UNCE	Moscurot	a wym	75
5	RISE TO TH	OR CONDITIONS, II	STATING TH	E DUE TO	1000 duso	ese until	1 400
A	UNDERLY	ING CONDITION LA	ST.	1	Tuesday 7	- 11.4	- Jeus.
ō				(C)	rioscherol scul Disc unicelas I	chyillake	12
1		11					
2		IGNIFICANT CONDI			7 10		
OH OH	TRIBUTING	TO THE DEATH, BUT	CAUSING I	D T	aoua		
				FINDINGS OF OPER	ATION		20. AUTOPSY?
AL		no		non			YES NO V
DIC	21A. ACCID	ENT WAS UNDER-	21B. PLA	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	or 21c. WHERE DID (I	If in Baltimore City, g	rive exact location)
VE	CAUSE OF I	CONTRIBUTING DEATH	mbout nouse,	arm, raceor y, acrees, omice bidg., e	INJURY OCCURY		
	2 ID. TIME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
			m. V	WORK NOT WHILE			
	22. I hereby	y certify that Patt	ended the	deceased from	n12,195210 2	12/3,195	that I last saw th
	deceased at	ve on 17/13		and that death occur	red at ZPm., from t		e date stated above
j	23A. SIGNA	mille	ille	M. D. 2	16036 Bus	elost	239 DATE SIGNED
24	BURLAL, C	REMA- 24B. DATE	1= 1	24C NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town,	or county) (State)
D	ucua	L 1/2-14-	-12-	review	nuc	Hallo	ma
4	ATE RECEIVED		SIGNATU	H'auga M. To	25. FUNERAL DIRECTOR	Bu. 3.	ADORESS PO
-	VS 150	33/11 Junesman	wa / les	manne, my	acio (fewal)	M X1000	Sellow/X

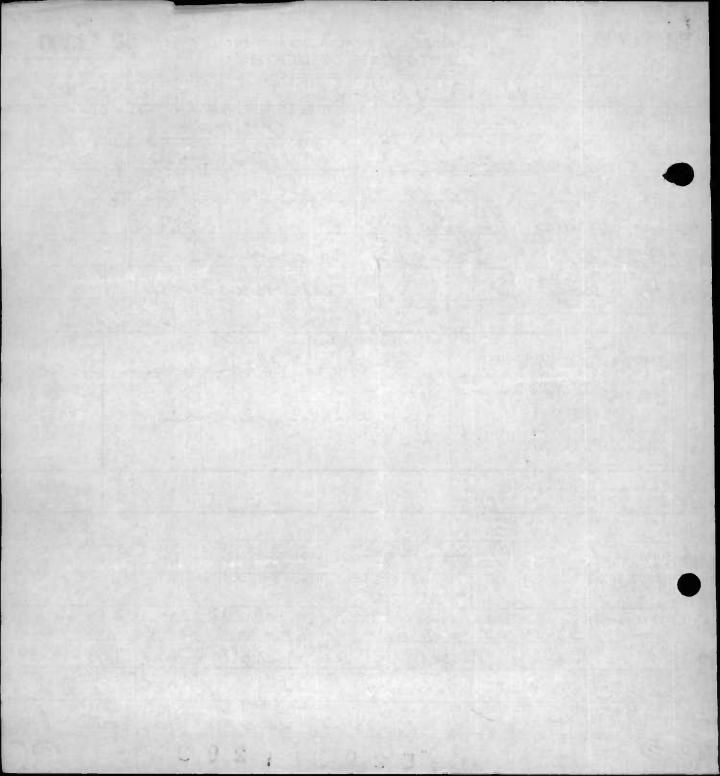
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DV Malle Marks

BALTIMORE CITY HEALTH DEPARTMENT

52 11300 Registered No.

BIRTH NO.	
1. NAME OF DECEASED LEVI BLUMBI	
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of location INSTITUTION	
Levendar	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore 70 Days	aloudate.
7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specif	8. DATE OF BIRTH 9. AGE (in years I land birthday) Months: Days I Under 24 Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTR	11. BIFTH PLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME!	14. MOTHER'S MAIDEN NAME
not known	not known
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS ADDRESS
18. 32 V CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ol. 0 +0 0 . 3 . 1
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	wrat homos sweeks
injury or complication which caused death.) DUE TO	
ANTEGEDENT CAUSES	irleriosclerosis Jean
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
0	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPI	YES NO NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	
OF INJURY	
m. WHILE AT NOT WHIL	E
m. WHILE AT NOT WHILE AT WORK AT WORK AT WORK	-17, 1944, to 12-13, 1952, that I last saw the
22. I hereby certify that I attended the deceased from 11-13, 1952, and that death occ	-17, 1944, to 12-13, 1952, that I last saw the
22. I hereby certify that I attended the deceased from 16-13, 1952, and that death occ 23A. SIGNATURE Levy Nagel M.D. 24A COURIAL. CREMA-1 24B. DATE 124C. NAME OF CEME	17, 1944, to 12-13, 1952, that I last saw the surred at 2 p. m., from the causes and on the date stated above. 238. ADBRESS 230. DATE SIGNED 12-13-52
m. WHILE AT AT WORK AT	1944, to 12-13, 1952, that I last saw the curred at 2 p. m., from the causes and on the date stated above. 238. ADDRESS 238. DATE SIGNED 12-13-52 TERY OF CREMATORY 24D. LOCATION (City, town, or county) (State)
22. I hereby certify that I attended the deceased from 16-13, 1952, and that death occ 23A. SIGNATURE Levy Nagel M.D. 24A COURIAL. CREMA-1 24B. DATE 124C. NAME OF CEME	17, 1944, to 12-13, 1952, that I last saw the surred at 2 p.m., from the causes and on the date stated above. 238. ADBRESS 230. DATE SIGNED 12-13-52



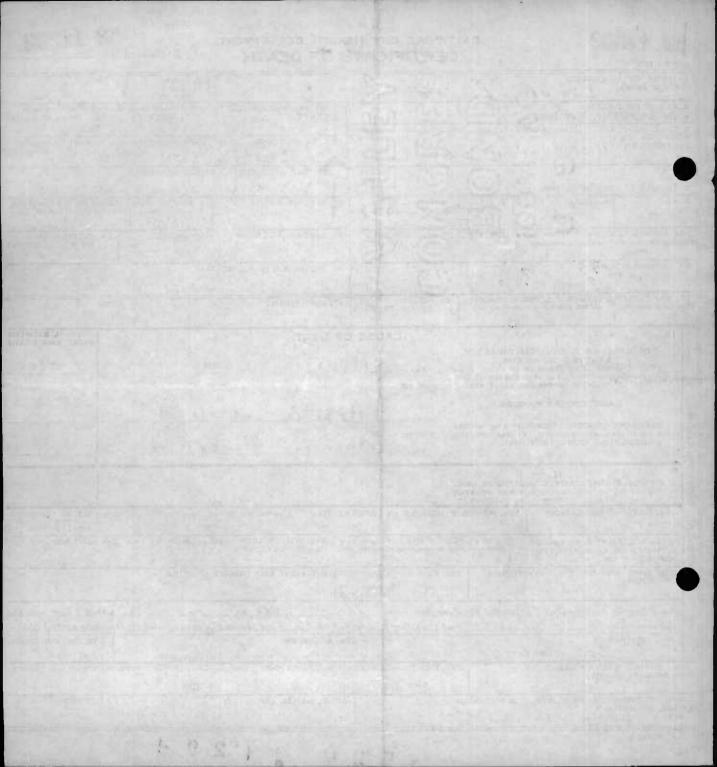
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BALTIMORE CITY HEALTH DEPARTMENT

52 11200

	IRTH NO.			CERTIFICA	TE	OF DEATH	Regist	ered No	2.3.T 10C
	NAME OF D	LEO NA	P	9 = 11			2. DATE OF DEATH	11-11	7-52
Α.		City, Maryland			A	4. USUAL RESIDENCE (WA. STATE		ived. If instit	
H	FULL NAME OSPITAL OR ISTITUTION	Universit		cion, give street addres	- \	- 11		te limits, wri	te RURAL and give township)
	c. Length of stay in Baltimore Yrs. Mos. Days					D. STREET ADDRESS (If rural, give location)			
	SEX	6. COLOR OR RACE		Da E. MARRIED. VED, DIVORCED (Spec	8	8 3 4 N.	9. AGE (In y	ears If Under	Year If Under 24 Hours Days Hours Min.
1C wor	A. USUAL OC	CUPATION (Give Lind of of working life, even if retired)	108. KIND	O OF BUSINESS OR INDUST		1. BIRTHPLACE (State or fo	preign country)		CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME			1	4. MOTHER'S MAIDEN NA	ME		
15 (Ye	. WAS DECEASE s, no or unknown)	D EVER IN U. S. ARMED (If yes, give war or date)	FORCES? s of service)	16. SOCIAL SECURITY NO).	7. INFORMANT		ADDRE	ss
ERTIFICATION	(This does heart failure injury or DISEASES RISE TO THE UNDERLY	GE OR CONDITION LEADING TO DEAT not mean the mode or re, asthenia, etc. It mea complication which or ANTECEDENT CAUS GOR CONDITIONS, II HE ABOVE CAUSE (A) ING CONDITION LA	TH f dying, e. g ms the diseas aused death SES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B)	HE	patic Con patic cir	-10513		NTERVAL BETWEEN NSET AND DEATH STARS.
AL C		F OPERATION 1		FINDINGS OF OF	ERAT	ION			20. AUTOPSY?
EDICAL		ENT WAS UNDER-	21B. PLA about home, f	CE OF INJURY (e. arm, factory, street, office blo	g., in or ig., etc.)	21c. WHERE DID (II	f in Baltimore		
M		Month) (Day) (Year)		WHILE AT NOT WHI	ILE	21F, HOW DID INJURY	OCCUR?		
	22. I hereby deceased al 23A. SIGNAT	ive on 11-10	, 19 <u>5</u> L,	and that death occ	23B	d at 5 2 /5 pm., from the	re causes and	d on the da	t I last saw the te stated above.
24 TIC	A. BURIAL, C	REMA- pecify)	1	M. D. 24c. NAME OF CEME INUR UNDVINC		OR CREMATORY 24D. LC	CATION (City	, town, or cou	anty) (State)
	ATE RECEIVED CAL REGISTR DFC 1 4 1		SIGNATU	Williams	1 25 11 7?	5. FUNERAL DIRECTOR	ton MI	ADD	RESS
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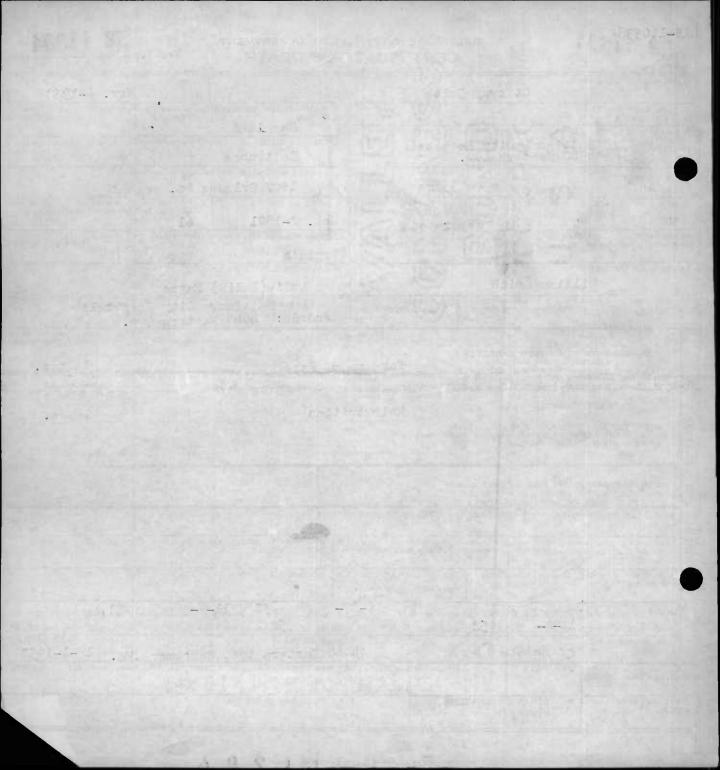
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52 11.	904			E OF DEATH	Registere	ed No
1. NAME OF DE	CEASED			***	2. DATE	
(Type or Print)	Ot	toway S	mith			Nov. 4-1952
a. Baltimore C	ity, Maryland			4. USUAL RESIDENCE A. STATE Maryland	Where deceased lived B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION	Baltima e (ion, give street address of location	c. CITY OR TOWN	A CONTRACT OF THE PARTY OF THE	imits, write RURAL and gi
1	4940 Easte:	rn Ave.		Baltimore		00
c. Length of st	ay in Baltimore		35yrs Yrs. Mos. Days	1107 Orle	ans St. zon	e 2
	6. COLOR OR RACE	WIDOW	MARRIED. ED, DIVORCED (Specify	8. DATE OF BIRTH Feb. 2-1891		s If Under I Year If Under 24 Hou Months Days Hours Mir
M ISUAL OCC	N Givekindof		arated of Business or	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
	working life, even if retired)	TOB. KINE	INDUSTR			WHAT COUNTR
13. FATHER'S N		The state of		14. MOTHER'S MAIDEN	NAME	
	William Smi			Lulie(Lulia		
15. WAS DECEASE (Yes, no or unknown)	D EVER IN U. S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMATE altime Records: 4940	ere City Hos Eastern Ave	spiltais
18. 19	/ X .		CAUSE	OF DEATH		INTERVAL BETWEE
DISEAS	E OR CONDITION	DIRECTLY				
(This does	not mean the mode o	f dying, e. g		a of Face		18 mos.
injury or	eomplication which c	aused death	.) OUE TO			
	ANTECEDENT CAUS	ES	Malnut	rition		18mos.
O DISEASES	OR CONDITIONS, IF		(B)	***************************************		201103
UNDERLY	HE ABOVE CAUSE (A) ING CONDITION LA	STATING TE	IE OUE TO			
	GNIFICANT CONDITO THE OBATH, BUT					
U TO THE DI	SEASE OR CONDITION	CAUSING I	Т.		20200	
19A. DATE OF	F OPERATION 1	9B. MAJOR	FINDINGS OF OPE	RATION		YES NO
	ENT WAS UNDER-		ACE OF INJURY (e. g., farm, factory, street, office bldg.		(If in Baltimore Ci	ity, give exact location)
2	Month) (Day) (Year)	(Hour)	21E. INJURY OCCUR	RED 21F. HOW DID INJU	RY OCCUR?	
OF INJURY			WHILE AT NOT WHIL			
22 Though	y certify that I att	nı.	work AT WORK	27- 1952 to 1	1-4-	9.52, that I last saw t
deceased al	ive on 11-4-	19 52	and that death occi	1 10-1		on the date stated abou
23A. SIGNAT	URE LE D. 1			23B. ADDRESS		23c. DATE SIGNE
	A Jy W	us Dec	M. D. 3	1940 Eastern Ave.	.Baltimore.	
24A. BURIAL, C TION, REMOVAL (S	REMA- 24B. DATE pecify)		24C. NAME OF CEMET	S MEDICAL SCHOOL DEC	0 1952	own, or county) (State
DATE RECEIVED		SSIGNATE	JRE ,	25. FUNERAL DIRECTOR	3	ADDRESS
LOCAL REGIST	RAR Hint	ington	Williams M	P. Hunting	ston Willia	us M.J?
VS 150	,,,,,,	0	I I I I I I I I I I I I I I I I I I I	/)	
		9.4		E Company		

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correct age is especially important. Physicians: please write the causes of teath creating and legiting.



Physicians: please write the causes of death clearly and legibly.

especially important.

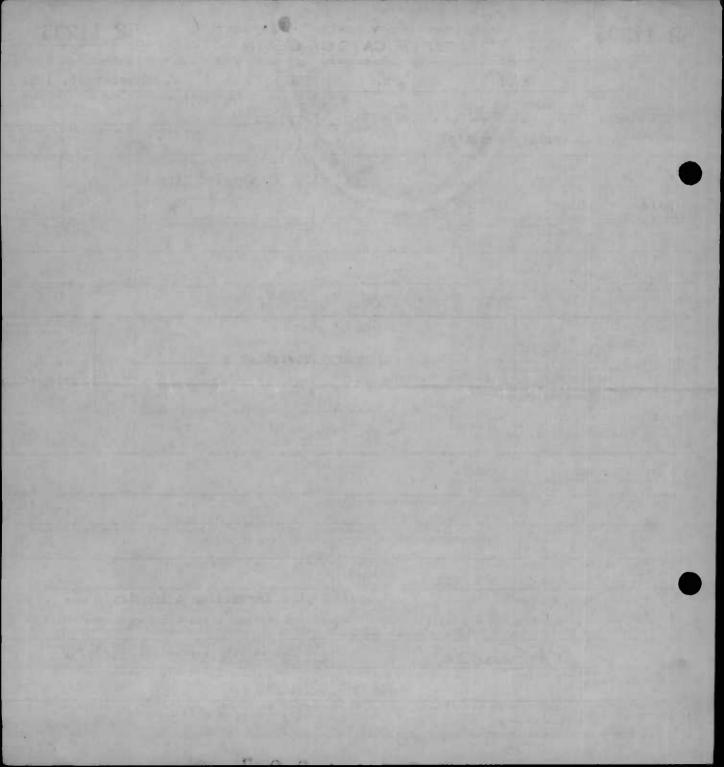
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correct age

BALTIMORE CITY HEALTH DEPARTMENT

Segistered No. 11305

BIRTH NO.		CE	ERTIFICAT	E OF DEATH	Registered	No
1. NAME OF E (Type or Print)		RLES	В.	BRUMLEY	2. DATE OF Nover	mber 26, 1952
	City, Maryland			4. USUAL RESIDENCE A. STATE		
B. FULL NAME HOSPITAL OR INSTITUTION	University		give street address or location)		(If outside corporate lim	nits, write RURAL and gi
I anoth of	stav in Baltimore		Yrs. Mos.		If rural, give location)	
5. SEX Male	6.COLOR OR RACE White	7. SINGLE, M WIDOWED,	Days ARRIED, DIVORCED (Specify)	1908 N. Char	9. AGE (In years)	If Under 1 Year M Under 24 Hou Months Days Hours Mir
10A. USUAL OC work done during most	CCUPATION (Give kind of of working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTR
13. FATHER'S	NAME	n		14. MOTHER'S MAIDEN	NAME	
15. WAS DECEAS (Yes, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give wer or date	FORCES? 16	SECURITY NO.	17. INFORMANT		ADDRESS
(This doe heart fail injury or DISEASE RISE TO UNDERL UNDERL TRIBUTING TO THE E	SE OR CONDITION LEADING TO DEA s not mean the mode of the complication which of the complication	TH of dying, e. g., ins the disease, eaused death.) SES F ANY, GIVING STATING THE UST. TIONS CON- NOT RELATED	(A) Pulmon	ary Tuberculosis		ONSET AND DEAT
	OF OPERATION 1	9B. MAJOR FIN	NDINGS OF OPER	ATION		20. AUTOPSY?
UNDERLYIN UTING []	NAL CAUSE WAS IG OR CONTRIB- CAUSE OF DEATH. (Month) (Day) (Year)	about home, farm, f		otc.) INJURY OCCUR?	(If in Baltimore City,	, give exact location)
the ev	idence obtained by eath in my opinion	said Autopsy	. Inspection or 1	bove, held an inspec Autopsy naviry, find that said in accident , swicid	deceased died on the \square , homicide \square ,	v the day stated abov undetermined □.
23A. SIGNA	TURE RAG	robe	м	23B. CHIEF MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGA	EXAMINER 2	13c. DATE SIGNED
24A. BURIAL. TION, REMOVAL (S		24c.	NAME OF CEMETE	KINS MEDICAL SCHOOL DE		n, or county) (State)
DATE RECEIVE		S SIGNATURE	n	25. FUNERAL DIRECTOR	KANDERTON WILLIAM	ADDRESS
V S 151	2 Harting	in 1000	acco, Hy?)



52 11306

of death clearly and legibly.

Physicians: please write the causes

especially important.

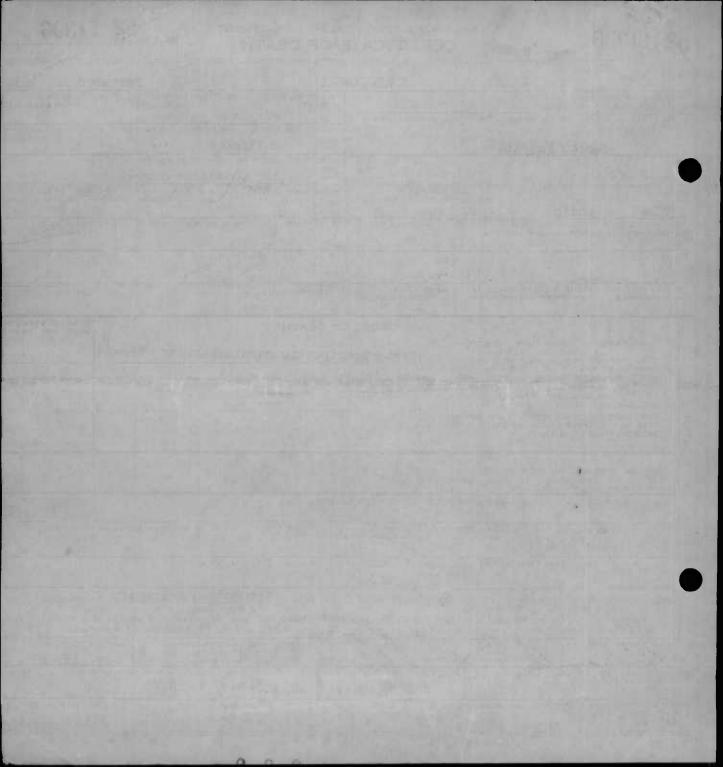
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correct age

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 11306

3. PLACE OF DEATH: A Baltimore City, Maryland B. FULL NAME OF 'I' not in hospital or institution, give street address or INSTITUTION Mercy Hospital Yrs. Mos. Days A. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission before admission before admission of the composition o	BIRTH NO.	CERTIFICATI	LOI BLAIN	
S. PLACE OF DEATH: A Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital Length of stay in Baltimore S. EX G. COLOR OR RACE Widowed, Divorced (Specify) Male White IOA. USUAL OCCUPATION (Givekiadof workinglife, even if retired) 13. FATHER'S NAME 13. FATHER'S NAME 16. GOCIAL (If yes, give war or dates of service) Token no or unknown) 18. Length of to DEATH OLIVER OF DEATH A. USUAL RESIDENCE (Where deceased lived life institution: residence as COUNTY Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and g townsh Baltimore D. STREET ADDRESS (If rural, give beation) 12. CITY OR TOWN (If outside corporate limits, write RURAL and g townsh Baltimore D. STREET ADDRESS (If rural, give beation) 12. CITY OR TOWN (If outside corporate limits, write RURAL and g townsh Baltimore D. STREET ADDRESS (If rural, give beation) 12. CITY OR TOWN (If outside corporate limits, write RURAL and g townsh Baltimore D. STREET ADDRESS (If rural, give beation) 12. CITY OR TOWN (If outside corporate limits, write RURAL and g townsh Baltimore D. STREET ADDRESS (If rural, give focation) 12. STREET ADDRESS (If rural, give focation) 12. CITY OR TOWN (If outside corporate limits, write RURAL and g townsh Baltimore D. STREET ADDRESS (If rural, give focation) 12. STREET ADDRESS (If rural, give focation) 12. STREET ADDRESS (If rural, give focation) 12. CITY OR TOWN (If outside corporate limits, write RURAL and g townsh Baltimore D. STREET ADDRESS (If rural, give focation) 12. STREET ADDRESS (If rural, give focation) 12. CITY OR TOWN (If outside corporate limits, write RURAL and g townsh Baltimore D. STREET ADDRESS (If rural, give focation) 12. CITY OR TOWN (If outside corporate limits, write RURAL and g townsh Baltimore D. STREET ADDRESS (If rural, give focation) 12. CITY OR TOWN (If outside corporate limits, write RURAL and g townsh Baltimore D. STREET ADDRESS (If rural, give focation) 12. CITY OR TOWN (If outside corporate limits, write RURAL and g townsh Baltimor	(Myron on Dwint)			
A. Baltimore City, Maryland S. FULL NAME OF Thot in hospital or institution, give street address or HOSPITAL OR INSTITUTION Mercy Hospital Length of stay in Baltimore S. SEX G. COLOR OR RACE WIDOWED, DIVORCED (Specify) Male White 10A. USUAL OCCUPATION (Give kind of working life, even if retired) 13. FATHER'S NAME 13. FATHER'S NAME 16. COLOR OR RACE NODITION DIRECTLY (Yes. no or unknown) (If yes. give war or dates of service) A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and grade townsh Baltimore Baltimore J. STREET ADDRESS (If rural, give location) 125 Cheapside Street S. DATE OF BIRTH 9. AGE (In years) Honder 1 Vest Months: Days Months: Days Hours Months: Days Hours Months: Days Months: Days Months: Days Hours Months: Days	FR	NK KONISZEV		ember 12, 1952
HOSPITAL OR NOTITUTION Mercy Hospital Saltimore Docation Baltimore Docation Baltimore Docation Baltimore Docation Baltimore Docation Baltimore Docation Baltimore Docation Days Baltimore Docation Days Docation Docation Days Docation	A. Baltimore City, Maryland		A. STATE B. COUNTY	institution: residence before admission)
Mercy Hospital Yrs. Mos. Days 125 Cheapside Street 5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) Male White 10A. USUAL OCCUPATION (Givenkind of working life, even if retired) 13. FATHER'S NAME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yea, no or unknown) 18. 19. ARMED FORCES? (If ural, give location) 125 Cheapside Street 125 Cheapside Street 125 Cheapside Street 125 Cheapside Street 126 Golf Days 127 In BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY No. 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yeas, give war or dates of service) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yeas, give war or dates of service) 16. GOCIAL SECURITY NO. 17. INFORMANT N ADDRESS 18. CAUSE OF DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	HOSPITAL OR location) Mercy Hospital		C. CITY OR TOWN (If outside corporate limit	s, write RURAL and give
Length of stay in Baltimore Mos. Days 125 Cheapside Street				
S. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) WIDOWED, DIVORCED (Specify) U	Length of stay in Baltimore	Mos.		
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13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. GOCIAL SECURITY NO. INTERVAL BETWEE ONSET AND DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, in jury or complication which caused death.) ANTECEDENT CAUSES WHAT COUNTE IN DUSTRY IN DUSTRY IN DUSTRY IN DUSTRY IN THE COUNTE IN THE C		u	u 69	onths Days Hours Min.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes. give war or dates of service) SECURITY NO. NO. 17. INFORMANT N ADDRESS CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	ов. КІМД OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes. give war or dates of service) SECURITY NO. 17. INFORMANT IN ADDRESS 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	11		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes. give war or dates of service) 16. SCURITY NO. INTERVAL BETWEE ONSET AND DEATH OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES 16. SOCIAL SECURITY NO. INTERVAL BETWEE ONSET AND DEATH (A)Arteriosclerotic cardiovascular disease (A)Arteriosclerotic cardiovascular disease (B)			Tr.	
CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CAUSE OF DEATH (A) Arteriosclerotic cardiovascular disease (B)	15. WAS DECEASED EVER IN U. S. ARME Yes, no or unknown) (If yes, give war or date	FORCES? 16. GOCIAL f service) SECURITY NO.	17. INFORMANT N A	DDRESS
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	heart failure, asthenia, etc. It meinjury or complication which ANTECEDENT CAU	s the disease, used death.) DUE TO S (B)		
		OT RELATED		
U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT	J ISA. BATE OF CTERATION	. MAJOR FINDINGS OF OPER	ATION	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION OR CONTRIBUTION OF CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or UNDERLYING OR CONTRIBUTION OR CONTRIBUTION OF CAUSE OF DEATH. 21C. WHERE DID INJURY OCCUR?	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	21B. PLACE OF INJURY (e. g., in shout home, farm, factory, etreet, office bldge	a or 21c. WHERE DID (If in Baltimore City, a INJURY OCCUR?	give exact location)
2 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK NOT WHILE AT WORK	21D. TIME (Month) (Day) (Year	WHILE AT NOT WHILE	21f. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and free	22. I certify that I took char		hove held an Inspection & Inquiry	thereon and from
Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated about and death in my opinion resulted from: natural causes A, accident A, suicide A, homicide A, undetermined A.	the evidence obtained by	aid Autopsy, Inspection or I	Autopsy, Inspection or Inquiry nquiry, find that said deceased died on th	e day stated above,
23a. SIGNATURE 23b. CHIEF MEDICAL EXAMINER		1	238. CHIEF MEDICAL EXAMINER	C. DATE SIGNED
	24A. BURIAL CREMA- 24B. DAJE TION, REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town,	
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS	LOCAL REGISTRAR	SIGNATURE		ADDRESS
V S 151	V S 151		9	,



25 FUNERAL DIRECTOR

ADDRESS

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REGISTRAR'S SIGNATURE

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52 11308 52 11308 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH MAF. 165713 BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 12-11-52 William Swann 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. STATE Maryland A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospit or institution, give street address or HOSPITAL OR Baltimore City Hospitals location) INSTITUTION 4940 Eastern Ave. C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos. 1738 Druid Hill Ave. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) lass birthday) Months Days Hours Min. If Under 1 Year WIDOWED, DIVORCED (Specify) Male Aug. 5, 1886 Negro 10A. USUAL OCCUPATION (Give kind of work appeaduring most of working life, even if retired) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Meren ger Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Swann Harriet Swann 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL Records IN BRUNINGS City Hospital Address (Yes, no or unknown) 4940 Eastern Ave. causes INTERVAL BETWEEN 18. CAUSE OF DEATH 20.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH Arteriolosclerotic Heart Disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. YES 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21F. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY ecially NOT WHILE 22. I hereby certify that I attended the deceased from. 19_, that I last saw the , and that death occurred at 11:30 A. From the causes and on the date stated above. 1952 deceased alive on 23B. ADDRESS 23A, SIGNATURE 23c. DATE SIGNED 4940 Mastern Ave. Balto. Md. 24C. NAME OF CEMETERY OR CREMATORY | 240, LOCATION (City, town, or county) 24A. BURIAL, CREMA-(State) TION, REMOVAL (Specify) Julias DATE RECEIVED BY LOCAL REGISTRAR VS 150

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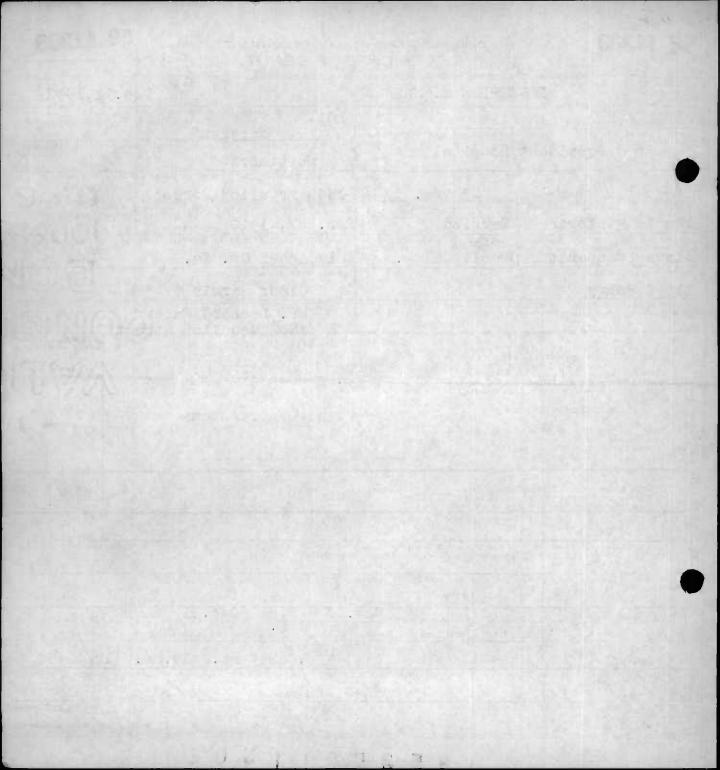
VS 150

BALTIMORE CITY HEALTH DEPARTMENT

352 11309

В	RTH NO.			CERTIF	ICATE	E OF DEATH	Regi	stered No.	
1. (T	NAME OF D	JOS	EPHINE	M. WAT	TERS		2. DATE OF DEATH	Dec.1	1,1952
	PLACE OF D Baltimore (City, Maryland				4. USUAL RESIDENCE (V	Where decease B. CO		itution: residence before admission)
H	FULL NAME OSPITAL OR STITUTION	Provident			address or location)	c. CITY OR TOWN (If Baltimore	-	rate limits, w	rite RURAL and give township)
C.	Length of s	tay in Baltimore	25	yrs.	Yrs. Mos. Days	D. STREET ADDRESS (If 1802 McCulloh			
	emale	6.COLOR OR RACE Colored		e. MARRIED, /ED DIVORCE ed	D (Specify)	8. DATE OF BIRTH Feb. 27, 1910	9. AGE (In last birt)	years II Undo	T) Year If Under 24 Hours Days Hours Min.
word F	A. USUAL OC done during most lavator	CCUPATION (Give kind of of working life, even if retired) COPERATOR	Publi	of Busines	DUSTRY	11. BIRTHPLACE (State or for Middlesex Co.		7) 12	CITIZEN OF WHAT COUNTRY? USA
13	FATHER'S	NAME				14. MOTHER'S MAIDEN N			
	loyd He					Cleon Har	ris		
(Ye	s, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURI	TY NO.	17. INFORMANT Leona			RESS
-	18. 3 3			1		1802 McCu	lloh S	treet	INTERVAL BETWEEN
	2 2			C	AUSE	OF DEATH			ONSET AND DEATH
	DISEA	SE OR CONDITION LEADING TO DEAT not mean the mode of	H		Cer	ebral Hemorrha	ge		3 weeks
	heart failu	s not mean the mode oure, asthenia, etc. It mea complication which c	ns the diseas	e,	***************************************	***************************************		*********************	
		ANTECEDENT CAUS	ES		Esse	ntial Hyperten	son		?
O	DISEASE:	S OR CONDITIONS, IN	ANY, GIVIN	(B) IG IE DUE TO			***************************************		
CAT	UNDERLY	YING CONDITION LA	ST.	(C)		***************************************	D* 4000 4 4 4 4 4 4 4 6 4 0 0 0 0 0 4 4 0 4	De estes estate de la constanta	
E		· · · · · · · · · · · · · · · · · · ·							
CERTIFICATION	TRIBUTING	SIGNIFICANT CONDI TO THE OEATH, BUT	NOT RELATE	D		None			
L		of operation 1 None	98. MAJOR	FINDINGS (OF OPER	ATION			20. AUTOPSY?
EDICA	21A. ACCIE LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PL/ about home,	ACE OF INJUF farm, factory, street,	RY (e. g., in , office bldg., e	to.) 21c. WHERE DID (1 to.) INJURY OCCUR?	If in Baltimo	re City, give	exact location)
	21b. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY	OCCURRE NOT WHILE		Y OCCUR?		
	22. I hereb	by certify that Latt	ended_the		MATE		c.11	_, 19 <u>52</u> , ti	hat I last saw the
	ueceasea a	1106 01	, 19	and that dea	un occur		he causes a		late stated above.
	23A SIGNA	TO ME ATE	na	ld		38. ADDRESS 844 N. Carey St	.Balt.		2/12/52
271	Suring Sulla	Specify)	6.195	2 UN	CEMETE	Cenu. 7	ocation (C	lese	county) (State)
L	TE RECEIVE		S SIGNATI	JRE		25 FINERAL DIRECTOR	id.	Wi	Cl ava

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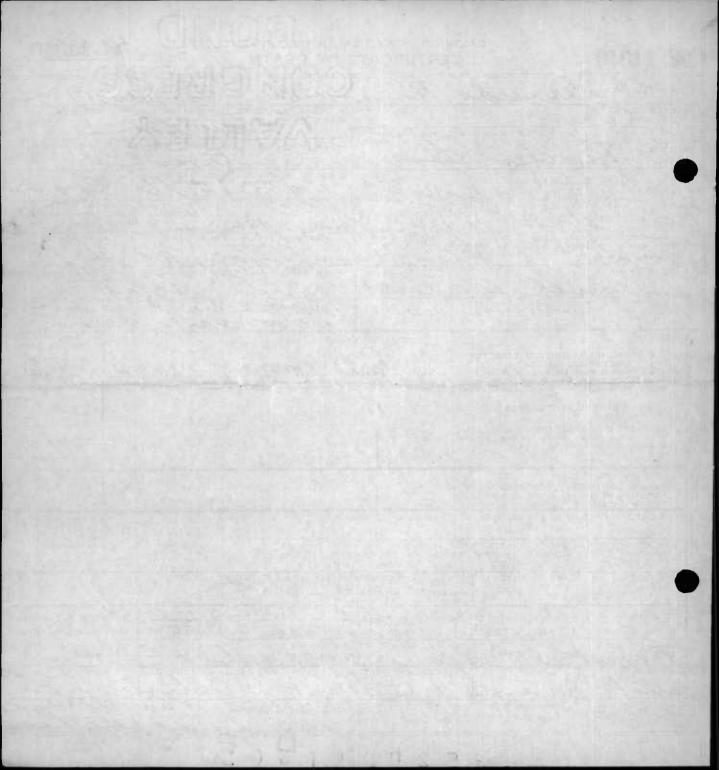
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BALTIMORE CITY HEALTH DEPARTMENT

Segistered No. 113:10

日	2 11310 RTH NO. 310	CERTIFICATE	E OF DEATH	Registered No.	TTOWN
1.	NAME OF DECEASED PRINTED TO THE SERVICE OF THE SERVICE O	m. c	Brown	2. DATE OF DEATH DEC.	11 1952
A.	Baltimore City, Maryland		4. USUAL RESIDENCE (V	Where deceased lived, If inst	itution: residence before admission)
H	FULL NAME OF (If not in hospital or instit	ution, give street address or location)	C. CITY OR TOWN	utside corporate limits, w	rite RURAL and give
4	trovaent	Chrep.	Salt	imure.	2/-/4mp
C.	Length of stay in Baltimore 47	years Mos. Days	D. STREET ADDRESS (If	rural, gio location)	Coal
1	SEX 6. COLOR OR RACE 7. SING		8. DATE OF BIRTH	9. AGE (In years # Under last birthday) Month	1 Year If Under 24 Hems s Days Hours Min.
10	DA. USUAL OCCUPATION (Give kind of kink done deriog most of working life, even if retired)	RANCES OF	11. BARTHPLACE (State or fo	oreign country) 12	CITIZEN OF
wor	de done dariog most of working life, even if retired)	Clany	Saltimore	, Ind.	WHAT COUNTRY?
13	B. FATHER STAME	3. IM.	14. MOTHER'S MAIDEN N.	AME /	1
15	5. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL	MARGEMANITA	scar	tour
(Ye	e, no or unkoown) (If yes, give war or dates of service)	SECURITY NO.	4705 3	all R	and a
	18. 420.1	CAUSE C	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTL' LEADING TO DEATH (This does not mean the mode of dying, c	A	to commony	MARINCIA	Co Make The
	heart failure, asthenia, etc. It means the dise injury or complication which caused dea	ase.			and figure the later and
	ANTECEDENT CAUSES				
O	DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING	(B)		***************************************	
FICATION	UNDERLYING CONDITION LAST.	(C)	•••••••••		
LIFIC	11				
ERTI	OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELA	TED			
L	TO THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPERA	ATION		20. AUTOPSY?
CA	21a. ACCIDENT WAS UNDER- 21B. P	LACE OF INJURY (e. g., in	or 21c. WHERE DID (I	f in Baltimore City, give	YES NO
1ED	LYING OR CONTRIBUTING about hom CAUSE OF DEATH	e, farm, factory, street, office bldg., et	INJURY OCCUR?	I in Datimore Oity, give	exact location)
	ID. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?	
	m.	WHILE AT NOT WHILE		4	
	22. I hereby certify that I attended the deceased alive on 12-11, 1954		7 , 195, to 1 red at 3:44 m., from the		hat I last saw the
	23A, SIGNATURE		BB. ADDRESS		3C. DATE SIGNED
	4A BURIAL, CREMA-1 24B, DATE	M. D. 5	RY OR CREMATORY 24D. L	OCATION (City, town, or o	ourty) (State)
	Surial Dec. 14 1952	arbutus 1	Kem. P/c 16	Bultaniere	, Co. ms.
	ATE RECEIVED BY REGISTRAR'S SIGNAT	Waliams, M.	25 MERAL BECTOR	Junes	Best Home

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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

52 11341

CERTIFICATE OF DEATH

	IRTH NO.	Mary III.		CERTIFICAT	E OF DEATH	Registered	No.
1.	NAME OF D	Rosa Belle G	Lasser		2,000	2. DATE Dece	ember 12, 1952
	PLACE OF D Baltimore (4. USUAL RESIDENCE A. STATE	(Where deceased lived. B. COUNTY	If institution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit 604 N. East		tion, give street address or location)	c. CITY OR TOWN Baltimor	(If outside corporate lin	nits, write RURAL and give township)
C.	Length of s	tay in Baltimore		89 Yrs. Mos. Days	604 N. East		
5.	sex Female	6.COLOR OR RACE White	WIDON	E, MARRIED, WED, DIVORCED (Specify) LOOW	June 23rd, 1863	9. AGE (In years last birthday)	Months Days Hours Min.
1 C	None	CUPATION (Give kind of of working life, even if retired)	None	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of Baltimore	or foreign country)	12. CITIZEN OF WHAT COUNTRY
	Henry Ken				14. MOTHER'S MAIDEN Angelina Cla		
(Ye	. WAS DECEASI e, no or unknown)	ED EVER IN U, S. ARMED (If yes, give war or date)	FORCES?	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Lena Inlo	es 610 N. East	ADDRESS Avenue
ERTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY	LEADING TO DEAT LEADING TO DEAT 3 not mean the mode of 10 not mean the mode of 10 not mean the mode of 11 not mean the mode of 12 not mean the mode ANTECEDENT CAUSE S OR CONDITIONS, III THE ABOVE CAUSE (A) YING CONDITION LA	'H f dying, e. ns the disea aused death	g., (A) ARTEA	OF DEATH RIOSCLEROSS	NRITIS	onset and Geath
U	TRIBUTING TO THE D	GIGNIFICANT CONDICTION OF OPERATION 1	NOT RELAT	ED	RATION		20. AUTOPSY?
MEDICAL	LYING OI	DENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year)	about home,	ACE OF INJURY (e.g., if farm, factory, street, nffice bldg., e	otc.) INJURY OCCUR?		YES NO , give exact location)
	22. I hereb deceased as 23). SIGNA	TURE	ended the	and that death occur	red at 8.30 A m., from 3B. ADDRESS	n the causes and on	the date stated above. 23c. DATE SIGNED
	44 BURIAL (S ON, REMOVAL (S Burial	CREMA- 24B. DATE	. 19	24c. NAME OF CEMETE Mt. Carmel Ce	mot o MIT	LOCATION (City, tow 12 O'Donnell	on, or county) (State)
	ATE RECEIVE		SSIGNAT	7	Frederick D. Mi	R	ADDRESS

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BALTIMORE CITY HEALTH DEPARTMENT

52 11312

BIRTH NO.			CERTIFICATI	E OF DEAT	H Registere	d No.
1. NAME OF (Type or Print	C . 1	pusilia	1/-11.		2. DATE OF	2 - 13 - 50
	DEATH: City, Maryland	420 Reistons	town Road Balto	MISTATE	DEATH / DEATH	If institution: residence before admission)
B. FULL NAM HOSPITAL OF INSTITUTION	+1 01	1 1.12	on, give street address or location)	C. CITY OR TOWN	11/ 1/	imits, write RURAL and give township)
O Longth of	stay in Baltimore	2 MG	1-3 days Mos.	D. STREET ADDRI)
5. SEX	6.COLOR OR RAC	E 7. SINGLE.	MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
work done during mo	OCCUPATION (Give kind stof working life, even if retire	of IOR KIND	of Business or INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S	NAME L	1 1		14. MOTHER'S MA	IDEN NAME YORK	U.S.A.
15. WAS DECEA	SED EVER IN U. S. ARM	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	WN	ADDRESS
18. 1	9 x x		none	OF DEATH		INTERVAL BETWEEN
(This do	ASE OR CONDITION LEADING TO DE es not mean the mode dure, asthenia, etc. It m or complication which	ATH of dying, e.g., eans the disease.	Phe	umonia	-	ONSET AND DEATH
Z O DISEAS	ANTECEDENT CAL	IF ANY, GIVING	(B) Olers	m'e myso	cerditis	2 years
UNDER	THE ABOVE CAUSE (A LYING CONDITION	A) STATING THE	(C) CO	val asperio	schoos + hy	24-10 years
III TRIBUTI	SIGNIFICANT CONING TO THE DEATH, BU	T NOT RELATED	114/11/00	5 wit an	rios Gonj	ab. one year
J 19A. DATE	OF OPERATION	19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
V 21A. ACC C LYING CAUSE O	DENT WAS UNDER- OR CONTRIBUTING[F DEATH	21B. PLAC about home, fer	CE OF INJURY (e. g., in rm, factory, street, office bldg., o	n or 21c. WHERE D	OID (If in Baltimore Cit	y, give exact location)
21D. TIME OF INJUR	(Month) (Day) (Yes	w	HILE AT NOT WHILE WORK AT WORK		INJURY OCCUR?	
	eby certify that I a alive on ICC. 13	ttended the d	11	A 1974		osthat I last saw then the date stated above.
23A. SIGN		Jaline		4212 Park	con tre Be	4) Dec. B.SZ
24A. BURIAL TION, REMOVAL Buria	(Specify) Standard	_	Mt. Calver	1 +	Greenburg.	New York
DATE RECEIV	ED BY REGISTRA	R'S SIGNATUE	RE	125. FUNERAL DIR		W. North an
TIELE	- USF	77				

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 11313 Registered No. 11313

_	KIH NO.						
1. (T	NAME OF D			0.1	MLT Andres	2. DATE OF	35 3050
3.	PLACE OF D	EATH:	a A	Delcher	4. USUAL RESIDE	NCE (Where deceased live	Dec.13,1952 ed. If institution: residence
	Baltimore (City, Maryland OF (If not in hospit	al or institu	tion, give street address or	Md.	B. COUNT	Y before admission)
HO	SPITAL OR STITUTION	2757 W. No		location)	c. CITY OR TOWN	(If outside corporate	limits, write RURAL and give township)
12	()	2/3/ W. NO	or our P	25 Yrs.	Baltimor		3-06
	Longth of a	tarin Daltiman		Mos.		SS (If rural, give locatio	n)
	SEX	tay in Baltimore	7. SINGL	Days E. MARRIED.	8. DATE OF BIRTH	North Ave.,	rs If Under I Year If Under 24 Hours) Months Days Hours Min.
	emale	White		NED DIVORCED (Specify)	Mar.24,187) Months Days Hours Min.
work	At Hom		108. KIN	D OF BUSINESS OR INDUSTRY		tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME			14. MOTHER'S MAI	DEN NAME	
	John Fa				Barbara	Faulder	
15 (Yes	. WAS DECEAS , no or unknown)	ED EVER IN U. S. ARMEE (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	no					itens 2757 W.	
	18. 5 9	12× 1			OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
		LEADING TO DEAT	TH		Jerekne e	Newmal	12-11-52
	heart failu	s not mean the mede of ire, asthenia, etc. It mea complication which of	ns the disea	g., (A)se, h.) DUE TO			
	mjury or			ii.) DOE 10	P1 3	1:5.	mid
z		ANTECEDENT CAUS		(B)	on page	tardles	1900
TION	RISE TO T	S OR CONDITIONS, II	STATING T	NG HE DUE TO	Christy Christ	2, 841	10 4 11
Q.A.	UNDERL	YING CONDITION LA	ST.	(C)	CIVI J	w. ragn	1948
RTIFICA							
ERT		SIGNIFICANT CONDI					
Ü	TO THE D	ISEASE OR CONDITION	CAUSING	ITR FINDINGS OF OPER	ATION		Lao Altropova
AL	ISA. DATE C	O I	SB. MAJOR	C FINDINGS OF OPEN	ATTON		20. AUTOPSY?
EDICA	LYING O	DENT WAS UNDER-	2 1B. PL. about home	ACE OF INJURY (e. g., i	n or 21c. WHERE DI	D (If in Baltimore C	city, give exact location)
ME	CAUSE OF	DEATH (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21E HOW DID	INJURY OCCUR?	
	OF INJURY	(22011011) (2011)	m.	WHILE AT NOT WHILE AT WORK		moon occon	
							1952, that I last saw the
			, 1952,			from the causes and	on the date stated above.
	23A. SIGNA	weld na	n	м. р.	3602 Lefen	THATE EI	17-13-52
24	A. BURIAL.	CREMA- 248. DATE				240. LOCATION (City,	
B	urial	12-15-	1952	Baltimore		Baltimore	Md.
LC	TE RECEIVE	D BY REGISTRAR'	SSIGNAT	1	25. FUNERAL DIRE		ADDRESS
	FCIA	1050 Huntin	stor !	Velliaius-, Miza	G. Howard St	rong 3207 W.	. North Ave.,
1	VS 150	IJUZ	0			0 51	
				0 0 0	1 1 3	U U	

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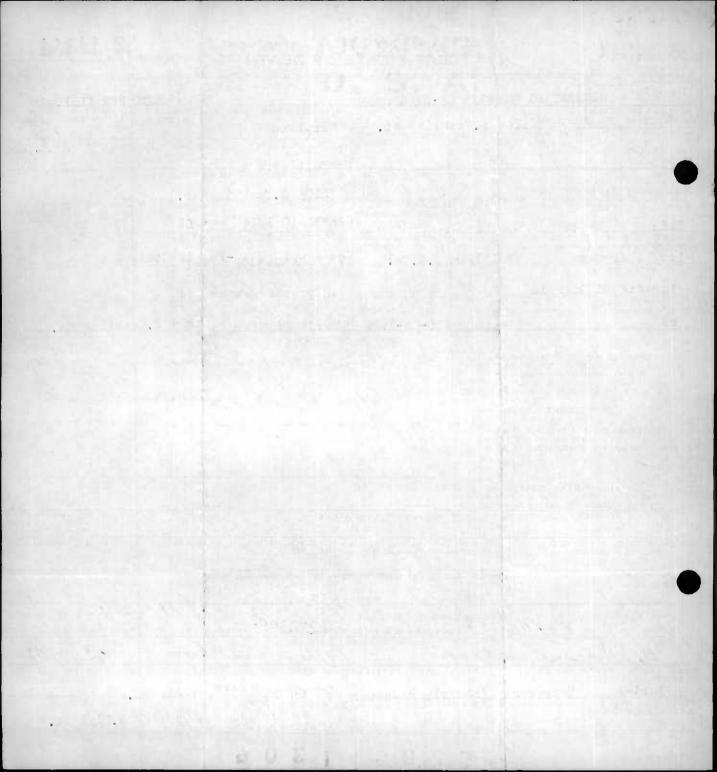
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correct age is especially important. Inysicians, please write the causes of death clearly and legibly,

BALTIMORE CITY HEALTH DEPARTMENT

52 113d4

175	c III.s.	11/4		CERTIFICATI	E OF DEATH	Registered N	0
	RTH NO.						
	NAME OF Dype or Print)					2. DATE OF	
		VINCENT DI (GIORGIO	OR DI GEORGE		DEATHDECEMBE	CR LL 1952
3. A.	Baltimore	City, Maryland	04 S.C	onk line St. lon, give street address or	4. USUAL RESIDENCE (VA. STATE Maryland	Where deceased lived. If i	nstitution : residence before admission)
H	SPITAL OR STITUTION	OF (If not in neaph	ai or institut	location)		f outside corporate limits	, write RURAL and give
	40				Baltimore	26-1	
				Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
		stay in Baltimore		Days	1204 S.Conklin	g St.	
	SEX	6.COLOR OR RACE	7. SINGL WIDOV	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years) Il last birthday) Mor	Under I Year If Under 24 Hours this Days Hours Min.
	Vale	White	Mari		7 - TA TA TA TA	58 8	1 100
work	done during most	CCUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	14. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY
	Long Sho		Beilla	in S.S.Co.	VICO GARGANICO-F	oggia Italy	
	7	Di Giamaia					
15		Di Giergie ED EVER IN U. S. ARME	D FORGER	1 15 505111	Antonetta Campe	basso	
(Ye	, no or unknown)	(If yes, give war or date	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	AL	DRESS
	no			215-09-3900	Maria Di Giorgi	a 1204 S. Conk	ling St.
	18. 2/.	we 1		CAUSE	OF DEATH	1	INTERVAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTIV	0	7.	1 0	ONSET AND DEATH
		LEADING TO DEA	TH	Co	ronay It	Houbse	4 aby
	heart fail	s not mean the mode ure, asthenia, etc. It mes	of dying, e. ans the diseas	g., (A)	······	,	//
	injury or	complication which	caused death	h.) DUE TO	uralized as	Tumbun	
		ANTECEDENT CAU	SES	fu	unusia in.		
Z				(B)			
ERTIFICATION	RISE TO	S OR CONDITIONS, 1 THE ABOVE CAUSE (A)	STATING T				
S S	UNDERL	YING CONDITION L	AST.				
Ī				(C)			
Ę	OTHER	ii SIGNIFICANT COND	ITIONS CO	N .			
ū	TRIBUTIN	G TO THE DEATH, BUT	NOT RELAT	ED			
U		OF OPERATION		FINDINGS OF OPER	ATION		20, AUTOPSY?
DICAL	.on. Drie	0	OB, MPLOON	. Medicos or or en			YES NO
S		ENT, SUICIDE,		ACE OF INJURY (e.g., i		If in Baltimore City, g	ive exact location)
MED	HOMICIDE	(Specify)	about home,	farm, factory, street, office bldg., e	etc.) INJURY OCCUR?		
	OF INJURY	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	o. moon i		m.	WHILE AT WORK AT WORK			_
	22 I havel	as a nutification that I de			15/11/10220	15/11 105	, that I last saw th
		by certify that I at		aeceasea from	red at 6730 m., from t	, 10	, that I tast saw in
	23/ FIGNA	live on	. 19	and that death occur	3B. ADDRESS	ne causes and on in	23c. DATE SIGNED
	1/h.J.	the F. Ke	wKon	26	1016 Si Cast	· Rece	12/19/52
24	A. BURIAL, ON, REMOVAL (CREMA 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town,	or county) (State)
TIC	Burial	The state of the s	75/50		Cemetery 4430	Belair Rd.	
D	ATE RECEIVE			Holy Redeemer	25 FUNERAL DIRECTOR	, setair Rd.	ADDRESS
	CAL REGIST		. /-	11/4.	10 A 1110	1400 322 6	
0	TOSAS	asa that	Ton	Williams MJ	EJALUK WELLS	uper	High St.
20	VS 150	JJZ	1				
1			A E	9900	1 3 0 6		



52 11345 BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. O. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Davs S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 9. AGE (In years If Under I Yesr II Under 24 Hours last birthday) Months; Days Hours Min. 8. DATE OF BIRTH 10A. USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retigit? INDUSTRY WHAT COUNTRY? omesin amia 13. FATHER'S NAME 14. MOTHER S MALDEN NAME 15. WAS DECEASED EVER IN U. S. AF.MED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17, INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. 328 n. Moun INTERVAL BETWEEN 18. CAUSE OF DEATH 201 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY CORONARY LEADING TO DEATH OCC/USION (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) OUE TO ANTECEDENT CAUSES HYPER TENSIVE CARDIOVASCULAR ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., In or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY AT WORK WORK 22. I hereby certify that I attended the deceased from 11-29 1952, to 12 - 11 1952 that I last saw the deceased alive on 12-11 1952, and that death occurred at 11:254 m., from the causes and on the date stated above. 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) Dunal

25. FUNERAL DIRECTOR

ADDRESS

VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

52 11346 Registered No. BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF NOM DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITAL township) Chestertown D. STREET ADDRESS (If rural, give (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) AGE (In years If Under | Year | If Under 24 Hours last birthday) Months Days Hours Min. 9. AGE (In years) married 03 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? SCIENCE SCHOOL 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. JOHNS HOPKINS HOSPITAL WNHWOWN ONI KINU INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? WHILE AT 1962 to 12 - 14 - , 1962 that I last saw the 22. I hereby certify that I attended the deceased from 12deceased alive on 12- 14-, 1952, and that death occurred at 613 Am., from the causes and on the date stated above. 23A. SIGNATURE 23B, ADDRESS 23c. DATE SIGNED JOHNS HOPKINS HOSPITAL 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 24B, DATE (State) BURIAL CEM CHESIENI Md NR. OWN DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOGAL-REGISTRAR Hurlington VS 150

correct age is especially important. Physicians: please write the causes of neath clearly and regiony.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 11317 Registered No.

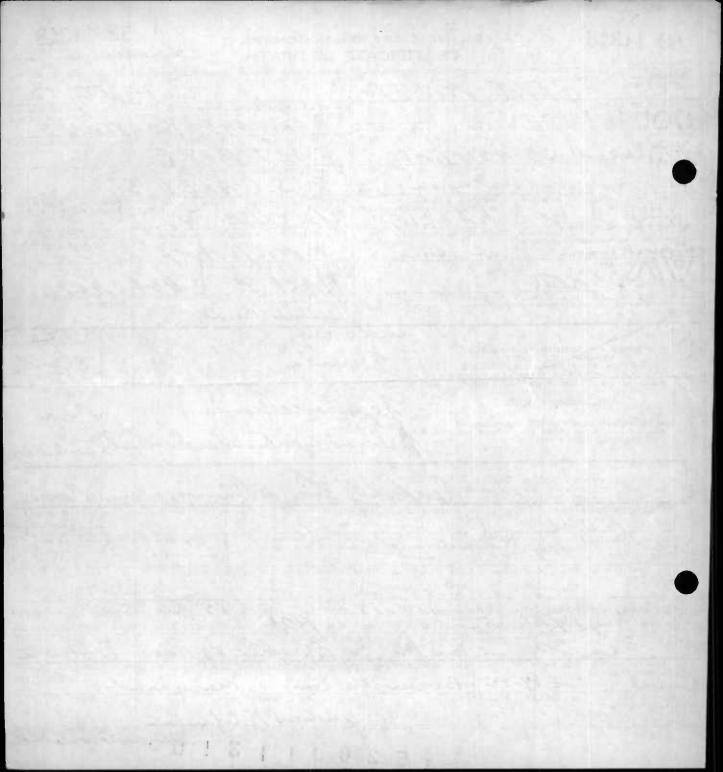
BIRTH NO.	OEITTI 10/TI	2 01 22		
1. NAME OF DECEASED			2. DATE	
(Type or Print) Louis	DiGennaro		DEATH Dec.	10, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If in	stitution: residence before admission)
B. FULL NAME OF (If not in hospit HOSPITAL OR	tal or institution, give strect address or location)	Md.	outside corporate limits,	write RURAL and give
INSTITUTION So. Balto.	Gen. Hosp.	Baltimore	7 7	(township)
	Yrs.	DAI CIMOTO	numal give location)	
c. Length of stay in Baltimore	Mos. Days	114 Warren		
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years I Un	der 1 Year If Under 24 Hours
M W	WIDOWED DIVORCED (Specify)			hs Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired		11. BIRTHPLACE (State or for	reign country)	2. CITIZEN OF WHAT COUNTRY?
Tailor	Tailoring	Italy		
13. FATHER'S NAME	/MI	14. MOTHER'S MAIDEN NA	ME	
Ismalae DiGennar	20	- C	ambidelle	
15. WAS DECEASED EVER IN U.S. ARME	D FORCES? 16. SOCIAL			DECC
(Yes, no or unknown) (If yes, give war or date	SECURITY NO.	Mrs. Anna DiG		Warran Ave
		MI D. MINIC DIC	Jillat O III	
18. 420.1 and 21	CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION				
(This does not mean the mode	of dying, e.g., (A)	readed but	neken	30 mins
heart failure, asthenia, etc. It med injury or complication which				
		20		
ANTECEDENT CAU	SES Comme	- Skinder:		30mm
DISEASES OR CONDITIONS,		d	•••••••••••••••••••••••••••••••••••••••	****
RISE TO THE ABOVE CAUSE (A)		- e · · · Ale	elete	5 yra.
ပြီ	(c)			
DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L II OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT				-
OTHER SIGNIFICANT COND				
TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION				
	19B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
Y A				YES NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING	218. PLACE OF INJURY (e. g., i		f in Baltimore City, giv	ve exact location)
CADGE OF BEATH	about home, farm, factory, street, office bldg.,			
21D. TIME (Month) (Day) (Year OF INJURY) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	m. WHILE AT NOT WHILE			
22 I hereby contifu that I at	tended the deceased from	Jan 1946 to 18	20c /0 . 19 VY	that I last sam the
descent alive on 11-17-	_, 19_52. and that death occur	red at 100 m from th	ne causes and on the	date stated above
23A. SIGNATURE		23B. ADDRESS	le canoco ana on the	23c. DATE SIGNED
Of awrens of	M. D.	11 E Chase If		12/12/52
A.C.			OCATION (City, town, or	
TION, REMOVAL (Specify)				
Burial 12/15	/52 New Cathed		d Frederick	ADDRESS
DATE RECEIVED BY REGISTRAN	'S SIGNATURE	25. FUNERAL DIRECTOR		
DEC 15 1957 H. t.	from Williams Miss	JOHN F. DENNY	, INC. 715	Light St.
VS 150	0 - 50	1046309		
	1. 9 3 4. 9 0/	1400		

la Junea co Serra 11 E Cline 8-12 Aan

52 11318

BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If oatside corporate limits, write RURAL and give INSTITUTION Yrs. 6. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED 8. DATE OF 9. AGE (In years If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 17. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY toneckeeper 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) ADDRESS SECURITY NO. 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. E 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION EDICA 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID LYING OR CONTRIBED IN about home, ferm, fectory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE Dec. 195 that I last saw the 4 Dale 22. I hereby certify that Lattended the deceased from ___ 1952/to deceased alive on 14 2te, 1952 and that death occurred at 140 m., from the causes and on the date stated above. 23A, SIGNATURE 23c, DATE SIGNED 24A. BURIAL, CREMA-24B. DATE 240. LOCATION (City, town, or county) Com. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

VS 150



52 11349

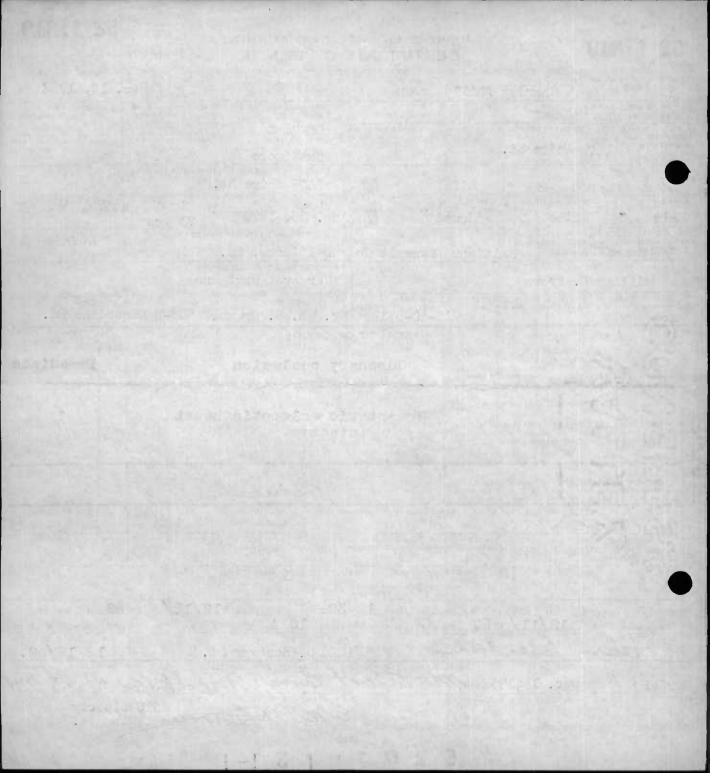
BALTIMORE CITY HEALTH DEPARTMENT 52 11349 Registered No-CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Dec. 12, 1952 Charles Philip Brown DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland before admission) B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1449 Andre St. Baltimore D. STREET ADDRESS (If rural, give location) Mos. Life 1449 Andre St. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) WJDOWED, DIVORCED (Specify) last birthday) Months: Days Hours Min. Male Aug. 25, 1879 White Widowed 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? operator Baltimore, Md. Baltimore Transit Co 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaret Hartmann William O. Brown 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Mr. Wm. H. Brown, 4508-B Manordene Rd. 18.42010 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Coronary occlusion Immediate heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (8) Arterio sclerotic heart ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING disease. RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY none 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER: INJURY OCCUR? LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! 22. I hereby certify that I attended the deceased from 12/32. , 19 to 12/12/ , 19 52 that I last saw the 1, 1952, and that death occurred at 10 Am., from the causes and on the date stated above. deceased alive on 12/11 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 1226 S. Hanover St.

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial

24D. LOCATION (City, town, or county)

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

VS 150



52 11330 Registered No. BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Dec. 10, 1952 HILDA CLASH DEATH 4 HISHAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A. STATE Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore South Baltimore General Hosp. D. STREET ADDRESS (If rural, give location) Yrs. legibly Mos. 1005 Creek Alley Life Length of stay in Baltimore Days AGE (In years | William | William | William 24 Hours last birthday) | Months | Days | Hours | Min. 8. DATE OF BIRTH 9. AGE (In years) If Under 24 Hours 6. COLOR OR FACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify Colored Female TO/4/ T907 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of clearly work done during most of working life, even if cetired) INDUSTRY WHAT COUNTRY Housewife Baltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Clash Barbara Parker 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) A DDRESS 16. SOCIAL 17. INFORMANT (Yes, no or nnknown) SECURITY NO. of John Cornelius Clash Leadenhal causes 18. 490 X INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Empyema heart failure, asthenia, etc. It means the disease, DUE TO Lobar pneumonia injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING TI CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK AT WORK especiall 22. I certify that I took charge of the remains described above, held an partial autopsy thercon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes A, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 23c. DATE SIGNED 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER.... ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24C. NAME-OF CEMETERY OF CREMATORY HON REMOVAL (Specify)

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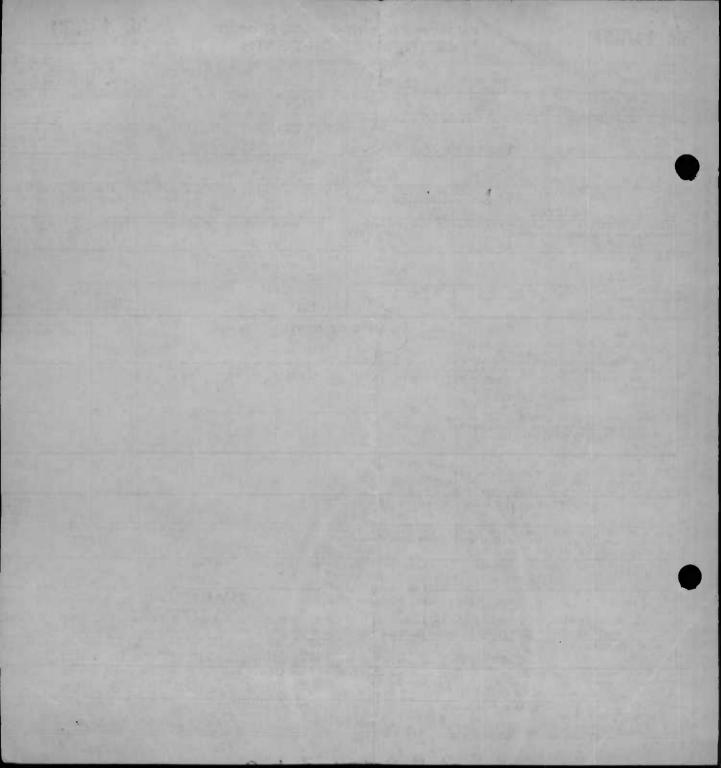
DATE RECEIVED BY

LOCAL REGISTRAR

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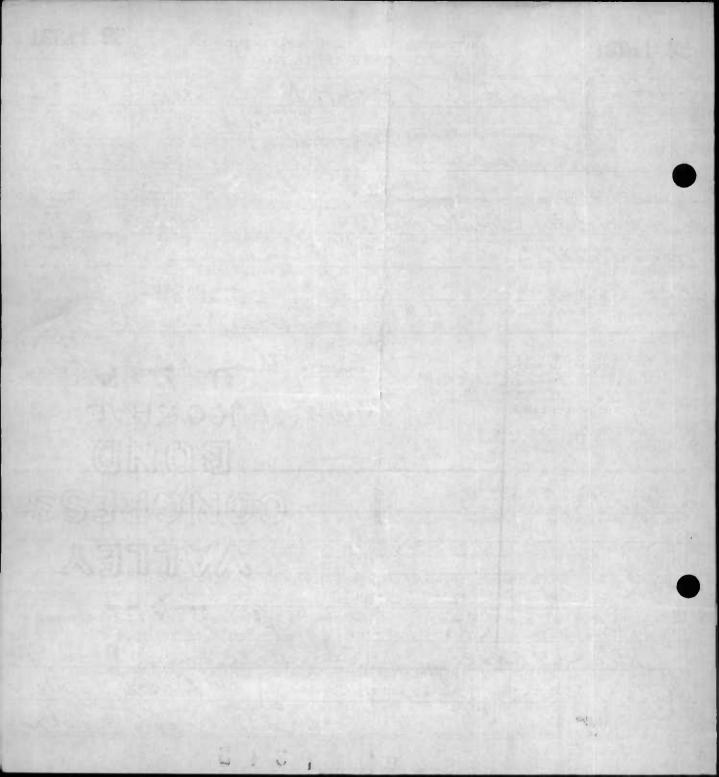
25. FUNERAL

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52 11321 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE LENH (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION APORESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days AGE (In years | If Under 1 Year | If Under 24 Hours | Months Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) WIDOWED, DIVORCED (Specify) wedow 11. BIRTAPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR work fore during most of working life, even if retired) INDUSTRY WHAT COUNTRY? House Wefle 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 420.1 CAUSE ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION EDICAL 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, ferm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? 21p, TIME (Month) (Day) (Year) (Hour)

20. AUTOPS) (If in Baltimore City, give exact location) F INJURY WHILE AT 12-13, 19 2 that I last saw the 22. I hereby certify that I attended the deceased from the cube 15, 195110 . 19 52, and that death occurred at 1035 m., from the causes and on the date stated above. deceased alive on 12-13 239. ADDRESS 23A. SIGNATURE 24A BURIAL, CREMA-TION REMOVAL (Specify) 24C. NAME OF CEMETERY OF CREMATORY (City, town, or county) 24B. DATE ADDRESS DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR ALLIA-VS 150



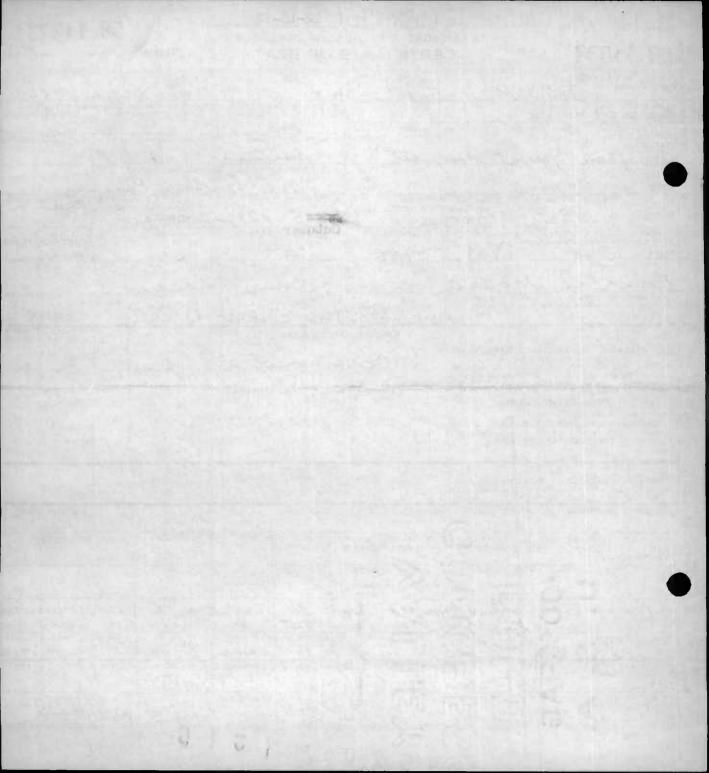
is estremany unit unit. The summers were the causes of death clearly and legibly.

52 11332 BIRTH NO.	CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) DAVID	P. CONNELLY	2. DATE OF Dec. 14, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
	titution, give street address or location)	Maryland
institution 2209 Hamilto		C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore township)
c. Length of stay in Baltimore	Yrs. Mos. Days	p. STREET ADDRESS (If rural, give location) 2209 Hamilton Avenue
l wii	IGLE, MARRIED, DOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years If Under I Year If Under 24 Hours Last birthday) Months: Days Hours Min.
male white	married	June 17,1888 64
werk done during most of working life, even if retired)	INDUSTRY esman	Chestertown, Maryland 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
John F. Connelly		Henrietta L. Davis
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no er unknewn) (If yes, give war er dates ef service	S? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	212-01-8056	Mrs. Margaret M. Connelly, same
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the dinjury or complication which caused do	rly, e. g., (A) Cortes	
ANTECEDENT CAUSES ZOLUTIONS OF ANY, OR RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE	SIVING (B) Car die Grand (C) Con Car	ac hyper trophy, chronic sure congettions 6 months
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSIN	LATED	
19A. DATE OF OPERATION () 19B. MA.	JOR FINDINGS OF OPER	
LYING OR CONTRIBUTING about h	PLACE OF INJURY (e. g., in ome, farm, factory, street, effice bldg., e	yes No La or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) PF INJURY	2 IE. INJURY OCCURRI WHILE AT NOT WHILE MORK AT WORK	ED 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended deceased alive on Ole 19, 195	the deceased from	red at 1951, to lee 14, 1957, that I last saw the
23A. SIGNATURE		38. ADDRESS 23C. DATE SIGNED
24A. BURIAL. CREMA- 24B. DATE		RY OR CREMAJORY 24D. LOCATION (City, town, or county) (State)
Burial 12/17/52	Holy Redeem	
DATE RECEIVED BY REGISTRAR'S SIGN LOCAL REGISTRAR	ATURE	26. FUNDRAL DIRECTOR ADDRESS
15 H & t	W11. M2	Leonard J. Ruck, 5305 Harford Moad.
VS 150	-459:	7411314

ALERTON ALIGNACIONA

- 2 40 CERTIFICATE CORRECTED 12-18-52	52 11323
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	Registered No.
(Type or Print)	DATE OF DEC. 12 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR IOCATION) C. CITY OR TOWN (If outside the content of	le corporate limits, write RURAL and give
marglane general Hospital Bellemore	give location) township)
yrs. Mos. Mos. Days 29. (If rural, Mos. Days	give location) Parkage
5. SEX [6. COLOR OR RACE 7. SINGLE, WARRIED.] 8. DATE OF BIRTH 9. A	GE (In years Woder Year
10A. USUAL OCCUPATION (Give hind of 10B. KIND OF BUSINESS OR MCDIRTHALACE (State or foreign	country) 12. CITIZEN OF
Self EMP - Coal Broker Vac.	WHAT COUNTRY?
13. FATHER'S NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or nuknown) (If yes, give wer or dates of service) SECURITY NO. 17. INFORMANT	and Address
(Yes, no or naknown) (If yes, give war or dates of service) 218-03-0300 Mrs. SARAH M	Call- SAME
18. /6 2 X CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A) Carcinomalosio	priman
heart failure, asthonia, ctc. It means the disease.	
injury or complication which caused death.) DUE TO Ca. 9 lung	
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Dr Himelfarb 52 11324 1801 N. Eutaw Place BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF CARRIE SNACK DEATH Dec. 12, 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 4204 La Salle Avenue Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos. La Salle Avenue 4204 c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE 9. AGE (In years | If Under I Year | If Under 24 Hours | Months Days | Hours | Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH Oct. 20,1877 female 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? at home Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John H. Snack Elizabeth Combs 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Mr. John Alexander, 4204 La Salle Ave INTERVAL BETWEEN 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY EREBRAL THROMBOSIS LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Cegebral asterwollers is ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY 22. I hereby certify that I attended the deceased from Jan 18 1949 to Dec 13, 195 that I last saw the deceased alive on bee-13, 195 V and that death occurred at 3, 20pm., from the causes and on the date stated above, 23c. DATE SIGNED 23 SIGNATURE 24A. BURIAL, CREM 24c. NAME OF CEMETERY OF CREMATORY | 24b. LOCATION (City, town, or county) Loudon Park Cem. | Da Burial 12/15/52 Baltimore, Maryland DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR untruckon Leonard J. Ruck, 5305 Harford Road. 1-C15 1000

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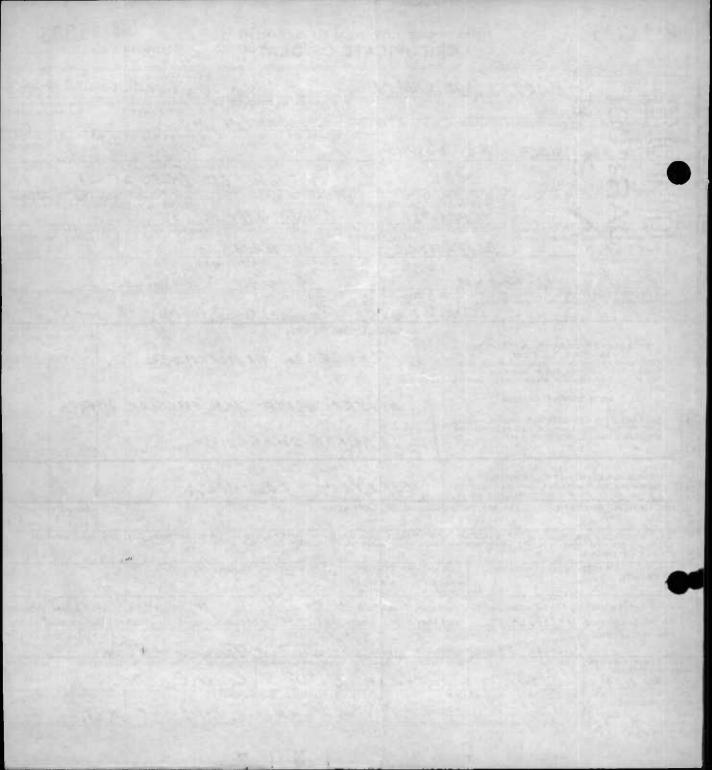
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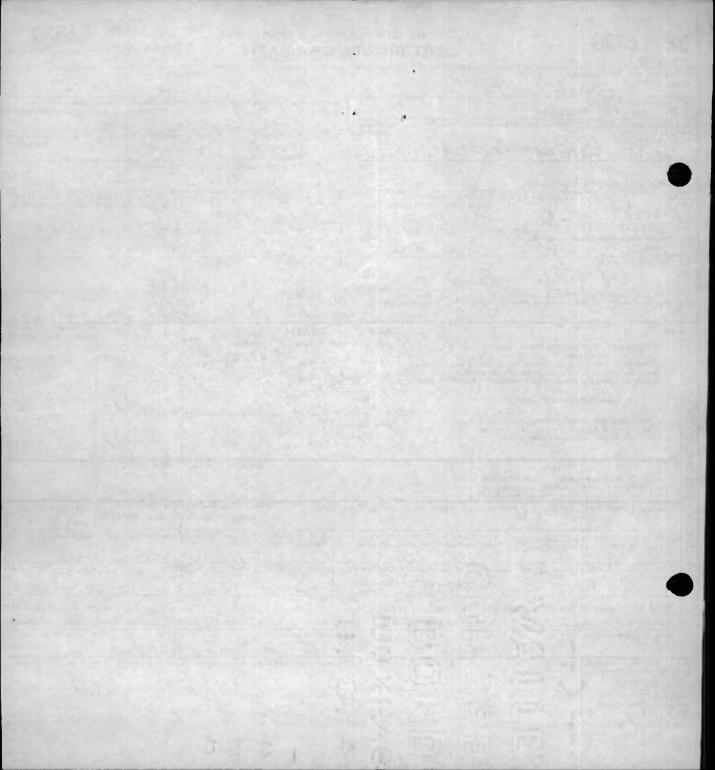
BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	CERTIFICATI	E OF DEATH	Registered No.
1. NAME OF DECEASED	nn -	1	
(Type on Daint)	A WIFICALAL		OF DECEMBER 12, AS)
3. PLACE OF DEATH:	4 WEISMAN	4 USUAL RESIDENCE (Who	ere deceased lived. If institution: residence
A. Baltimore City, Maryland		A. STATE	B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or HOSPITAL OR	institution, give street address or location)	BALTHHORE,	4D. \
INSTITUTION	- 4 - 1	C. CITY OR TOWN (If ou	tside corporate limits, write RURAL and give
SOUTH BALTIMORES 4	KEN. HOSPITAL		70.00
	Yrs. Mos.	D. STREET ADDRESS (If ru	ral, give location)
c. Length of stay in Baltimore	Days	4715 venue ct.	BA2TO 25. M).
5. SEX 6. COLOR OR RACE 7.	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years H Under Year H Under 24 Hours last birthday) Months; Days Hours Min.
TW	SEPENATED	JAN. 10,1899	last birthday) Months Days Hours Min.
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work done during most of working life, even if retired)	DEAT STARE		WHAT COUNTRY
13. FATHER'S NAME	DEPT. STORE	14. MOTHER'S MAIDEN NAM	
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20132 40	and	Mumie (Unl(nown)
15. WAS DECEASED EVER IN U. S. ARMED FO. (Yes, no or unknown) (If yes, give war or deten of se	RCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
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LEADING TO DEATH	(E)	EBRAL HEMORI	HALR
(This does not mean the mode of dy heart failure, asthonia, etc. It means the	he disease.		-77702
injury or complication which cause	ed death.) DUE TO		
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UNDERLYING CONDITION LAST. UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAN 19A. DATE OF OPERATION 19B. II 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING DEATH 21D. TIME (Month) (Day) (Year) (Hor FINJURY) 22. I hereby certify that I attend deceased alive on 12/12/37, 19 23A. SIGNATURE 24A. BURIAL, CREMA- THON. REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SI	NS CON- RELATED USING IT. MAJOR FINDINGS OF OPER PLIB. PLACE OF INJURY (e. g., ir Out home, farm, factory, street, office bldg., e WHILE AT NOT WHILE MORK AT WORK ME de the deceased from 12 And that death occur 2 24c. NAME OF CEMETER 2 24c. NAME OF CEMETER 2 24c. NAME OF CEMETER 2	ATION Tor 21c. WHERE DID (If is INJURY OCCUR? ED 21f. HOW DID INJURY OF THE AT THE ATTENDANCE OF THE	DCCUR? 20. AUTOPSY? YES NO NO NO NO NO NO NO N

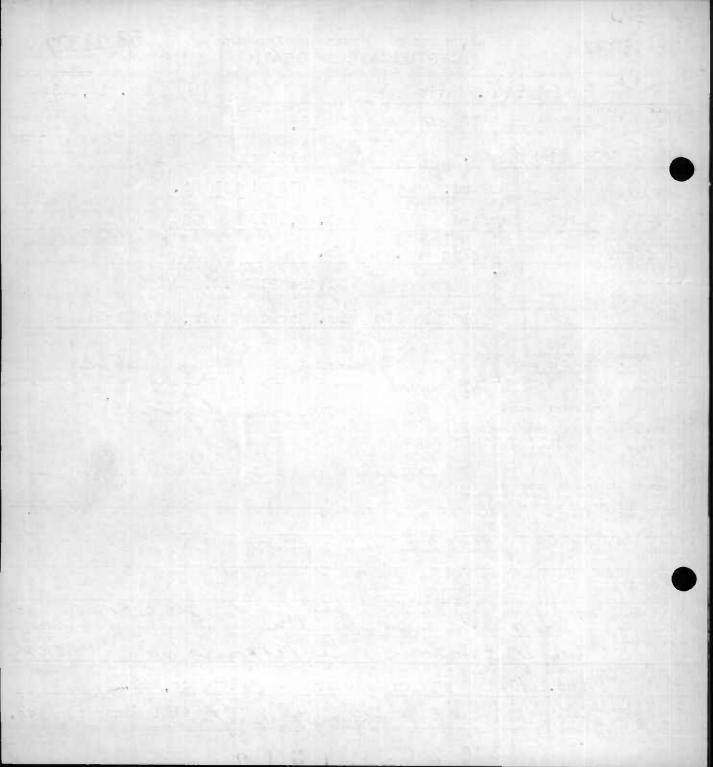


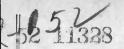
	340	59
5	8 1 2 2 15	EALTH DEPARTMENT V Registered No.
ВІ	RTH NO.	E OF DEATH Registered No.
	NAME OF DECEASED Type or Print) LOUISE Whitley	2. DATE OF DEATH /2 -/2 -5 2
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
	FULL NAME OF (If not in hospital or institution, give street address of location	
	South Baltimore General Hespital	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	Yrs.	D. STREET ADDRESS (If rura) give location)
6	Mos. length of stay in Baltimore Days	5-312 Ratick News Drive
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (in years / if Under I Year if Under 2 Hours last birthday) Months: Days Hours Min.
	kusle while harries	6/6/1913 3 Months Days Hours Min.
	A. USUAL OCCUPATION (Give kird of 10B. KIND OF BUSINESS OR k done daying most of working life, averalized in the control of th	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Howewift Own House	N.4. City N.4
13	FATHER'S MAME	14. MOTHER'S MAIDEN NAME
-	Theres Now	Vennie Voley
(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? s. no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	Trust V. Whitley Patrick Henry Drives.
	18. E 902.0 . CAUSE	OF DEATH - / A INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY DESCRIPTION	eaten the king, reft ONSET AND DEATH
E	(This does not mean the mode of dying, e.g.,	ceralis of Oraphiaga left
	heart failure, asthonia, etc. It means the disease, injury or complication which caused death.)	of he the tracking & the
	ANTECEDENT CAUSES	Bilatral
Z	DISEASES OR CONDITIONS, IF ANY, GIVING	ech of removere 716
NOIT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	The 2 the Class Francisco
RTIFICA	(C())	our factorial said
4		CERTIFICATION APPROVED OF
E E	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	W. M. SA
U	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION	RATION 20 AUTOPSY?
CAL	138. MASON PINDINGS OF OPEN	CHAST OR ASST. MEDICAL EXAMINER.
DIC	21A. ACCIDENT WAS LINDER 21B. PLACE OF INJURY (e.g., LYING) OR CONTRIBUTING about home, far paractory, street, office bidg.	in or 21c. WHERE DID (If in Baltimore City, give exact location)
M	CAUSE OF DEATH	5-312 Varick Kany
7	210. TIME (Month) (Day (Year) (Hour) 21E. INJURY OCCURE	white punt
L	12-7-52 m. WHILE AT NOT WHILE AT WORK	I tell out window to persuant
	22. I hereby certify that I attended the deceased from	19, to 19, that I last saw the
		rred at C: 46 m., from the causes and on the date stated above.
	W.W. Couway M.D.	South Baltimore Gent Hora
	4A. BURIAL, CREMA- 24B, DATE 24C, NAME OF CEMETI	
1 2	Burial 2/15/52 St. Ray m	ouds Vest Chroter 1. C.
D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
	15 1952 Huntington Williams, Mis	112 ook Inc 1217 St. Paul J.
	VS 150	- : 0
II.	N867.2 0 5 2 0	0 1 1 3 1 9

reginis.



-120				
- 120				
52 11337 BIRTH NO.	BALTIMORE CITY HE CERTIFICATI		52 Registered No.	11337
1. NAME OF DECEASED (Type or Print) Richar	d G. Davis		2. DATE OF DEATH DEC.	12,1952
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (W		stitution: residence before admission)
B. FULL NAME OF (If not in hospite	al or institution, give street address or	A. STATE		
HOSPITAL OR INSTITUTION 4019 Fight	location)		outside corporate limits, v	write RURAL and give township)
4019 Eightl	Yrs.	Baltimore D. STREET ADDRESS (If		9-7
c. Length of stay in Baltimore	30 yrs. Mos. Days	4019 Eight	h St.	
5. SEX 6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) STRIED	8. DATE OF BIRTH Oct. 3,1897		der I Year K Under 24 Hours hs Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) (hauffeur	10B. KIND OF BUSINESS OR INDUSTRY OCAL	11. BIRTHPLACE (State or fo	oreign country) 12	2. CITIZEN OF WHAT COUNTRY?
10	30.	14. MOTHER'S MAIDEN NA	AME	
Davis		Elvira Pinker	ton	
15. WAS DECEASED EVER IN U.S. ARMED Yee, no or unknown) (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO. 215 01 1570	17. INFORMANT		PRESS
18. 16 3 X		OF DEATH	, 1010 110	INTERVAL BETWEEN
DISEASE OR CONDITION				DNSET AND DEATH
LEADING TO DEAT	rh dving e. g., (A)	nalifed ca	vanomato	خد
heart failure, asthenia, etc. It mea injury or complication which c	ns the disease, aused death.) DUE TO			
ANTECEDENT CAUS	SFS .	nalized car arainoma	1	
	(B)	alanoma.	ung	
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE DUE TO		O	
<u></u>	(C)			
OTHER SIGNIFICANT CONDI				
TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION				
19A. DATE OF OPERATION 15	9B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCIDENT, SUICIDE.	21B. PLACE OF INJURY (e. g., in	or 21c. WHERE DID (I	If in Baltimore City, give	YES NO
HOMICIDE (Specify)	about home, farm, factory, street, office bldg., e		2 2	
ID. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRI	ED 21F, HOW DID INJURY	r occur?	
DF INJURY	WHILE AT NOT WHILE			
00 11	m. WORK L. AT WORK L	Jane , 1944, to	The MINE H	that I last saw the
deceased alive on	ended the deceased from 1951 and that death occur	red at (so from t	he causes and on the	date stated above
23A. SIGNATURE		3B. ADDRESS	C :	23c. DATE SIGNED
They It	· Kirola M. D.	312 Wages	co w	12/15/57
244. BURIAL, CREMA- TION, REMOVAL (Specify) Urial Dec. 15/8	24C. NAME OF CEMETE		OCATION (City, town, or	county) (State)
			imore, Md.	
DATE RECEIVED BY REGISTRAR'S	S SIGNATURE M.Y.	26. FUNERAL DIFECTOR		ndson Ave.
5 1059 tutuglov	- Harran	erry H. Muss	WILL TOT TOTAL	THUSUIT AVE.
VS 150	- 1-Coc	ul 0		
Prese	9 5 2 48 20	1319		0.000

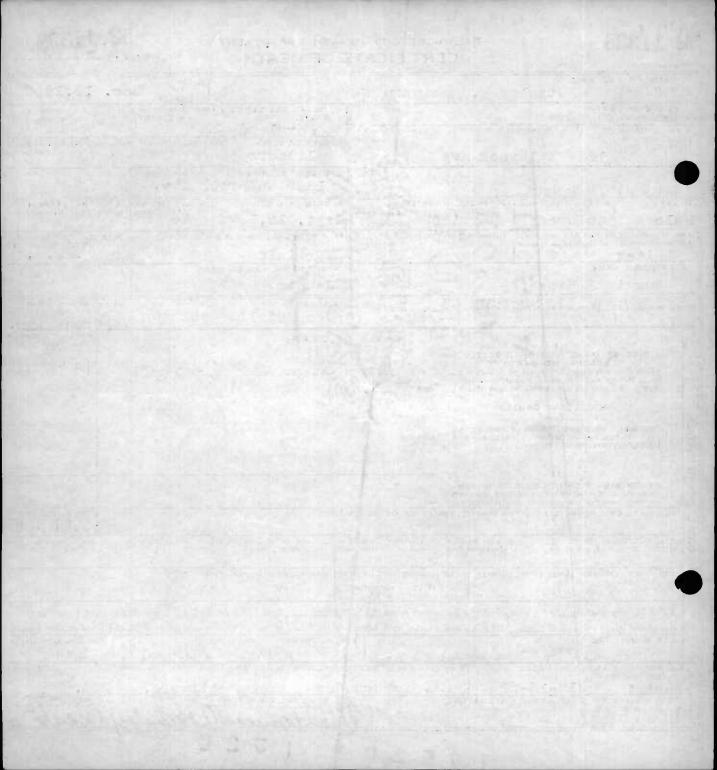




BALTIMORE CITY HEALTH DEPARTMENT

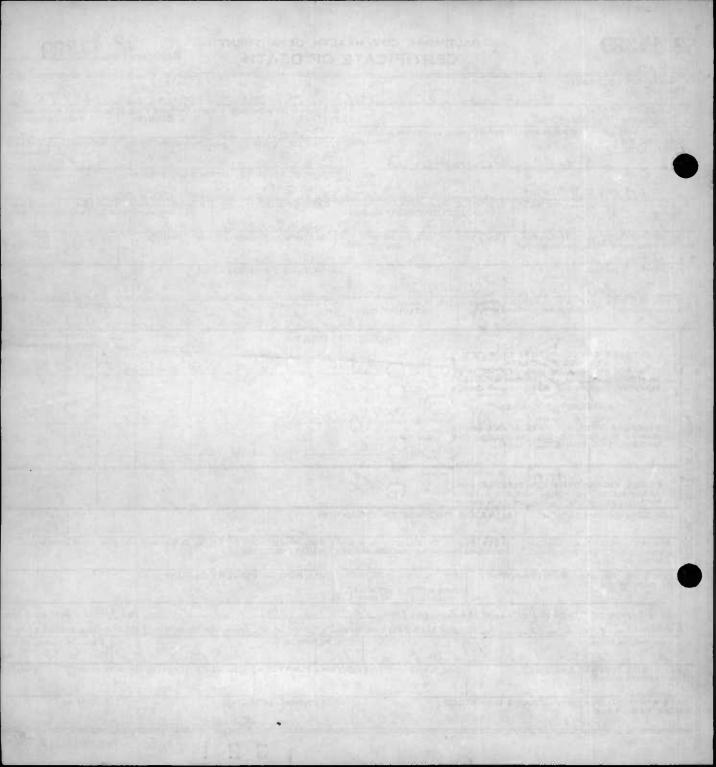
52 11338 egistered No. 3 5 3 8

BIRTH NO.			CERTIFICAT	E OF DEATH	Register	red No. 3598
1. NAME O (Type or Pri	F DECEASED Stanle	у Н.	Robinson		2. DATE OF DEATH	Dec. 13,1952
3. PLACE C	of DEATH: re City, Maryland			4. USUAL RESIDENCE		ed. If institution: residence (Y before admission)
B. FULL NA	ME OF (If not in hospit	al or institu	tion, give street address or		5. 000111	before admission)
HOSPITAL	ON	an a le A	location)		(If outside corporate	limits, write RURAL and give township)
277	1829 Walbı	COOK A	. V C	Baltimore	/-5	and the second
c Length	of stay in Baltimore		Mos.	D. STREET ADDRESS ((n)
5. SEX	6. COLOR OR RACE		E, MARRIED,	8. DATE OF BIRTH	I 9 AGE (In ves	rs H Under 1 Year H Under 24 Hours
Male	Colored	Mari	VED, DIVORCED (Specify)	Sept. 15,1876	s last birthday	Months Days Hours Min.
10A. USUAL	OCCUPATION (Give kind of most of working life, even if retired)	10B. KINI	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
Wait	er		THE CONTRACT	Virginia		WHAT COUNTRY?
13. FATHER		- 75 74 17		14. MOTHER'S MAIDEN	NAME	
	mie Robinson			Jennie	?	
(Yes, no or unkn	EASED EVER IN U. S. ARMED	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Dabinana	ADDRESS 1829
1	ng Jong			Mrs Estella	Mobinson	Walbrook Ave.
18. /	11/		CAUSE	OF DEATH		INTERVAL BETWEEN
DIS	SEASE OR CONDITION			1		
(This	does not mean the mode of	f dying, e.	8., (A) ar	Cinoma a	Prestat	e 14 months
	failure, asthenia, etc. It mea or complication which c			1	1	
	ANTECEDENT CAUS	FC				
Z			(B)			
DISE.	ASES OR CONDITIONS, IN TO THE ABOVE CAUSE (A)	FANY, GIVE	NG HE DUE TO			
A UNDI	ERLYING CONDITION LA	ST.				
	II		_ (c)			
	R SIGNIFICANT CONDI					
	ITING TO THE DEATH, BUT HE DISEASE OR CONDITION					
19A. DAT	TE OF OPERATION	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
V 210 ACC	CIDENT, SUICIDE.	2 to Di	ACE OF INJURY (e. g., in	or 21c. WHERE DID	(Ye in Dalainana C	YES NO
21A. ACC HOMICII		about home,	farm, factory, atreet, office bldge	tc.) INJURY OCCUR?	(11 III Daitimore C	City, give exact location)
21D. TIM	IE (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	ED 21F. HOW DID INJU	RY OCCUR?	
OF INJU	RY		WHILE AT NOT WHILE			
22. I he	ereby certify that I att	m.		1001 10	7 -12 - 1	1000 11 11 11 11 11 11
				red at 12:30 Pm from	the causes and	19 \mathcal{L} , that I last saw the on the date stated above.
	NATURE	-, 10-E		3B. ADDRESS	1	1 230 DATE SIGNED
	rank A.S	aun	den M.D.	1050 N. 2	tricker	84. 12-15-52
24A. BÜRIA TION, REMOVA			24c. NAME of CEMETE	RY OR CREMATORY 24D.	LOCATION (City, t	town, or county) (State)
Buria	1 12-16-8		Mt. Auburn	Cem B.	ltimore.	Md.
DATE RECE		SIGNATI		25. FUNERAL DIRECTOR	711	ADDRESS 578W
	5 1952 Munitu	rator	Volualle, My	Mo frances	14. Heuse	ey Diddle is
VS 15	0	0		01132	0	4
		1	9520	1100	~	
		3				



correct age is especially important. Physicians: piease write the causes of death clearly and legibly.

Di		E OF DEATH	Registered No. 11339
	IRTH NO.	E OF BEATH	
	NAME OF DECEASED Type or Print) Type of Print)	u. Corben 0	OF 0F 12. 1952
Α.	. PLACE OF DEATH: . Baltimore City, Maryland	4. USUAL RESIDENCE (Where of A. STATE	deceased lived. If institution: residence B. COUNTY before admission)
	FULL NAME OF (If not in hospital or institution, give street address of OSPITAL OR location		e corporate limits, write RURAL and give
11	1352 n. Stricker it	Balto	township)
C	Yrs. Mos. Days	1252 m. At.	give location)
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. A	GE (In years II Under I Year If Under 24 Hours st birthday) Months Days Hours Min.
10 wor	OA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) INDUSTR	11. BIRTHPLACE (State or foreign	eountry) 12. CITIZEN OF WHAT COUNTRY
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1 U.S. A.
	albert Dudley	THE THE THE TANK	
(Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	2587 ADDRESS
-	18. // 1/2 Y CAUSE	OF DEATH	Interval Between
	DISEASE OF CONDITION DIFFCTI V		ONSET AND DEATH
	(This does not mean the mode of dying, e.g.,	DIO VASCULAR	DISEASE 2 YRS
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		
	ANTECEDENT CAUSES		11100
Z	DISEASES OR CONDITIONS, IF ANY, GIVING	PERTEIN	SON 2 YRE
ATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	P = c · -	
	(c)	BESITY	
ERTIFIC			
ER.	OTHER SIGNIFICANT CONDITIONS CON-		
∥ฃ	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	DATION	20. AUTOPSY?
A P	138. BATE OF OPERATION O 138. MASON PROBINGS OF OPE	KATION	YES NO
DICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg		Saltimore City, give exact location)
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR!	RED 21F. HOW DID INJURY OCC	UR?
	OF INJURY WHILE AT NOT WHILE AT WORK AT WORK		
	22. I hereby certify that I attended the deceased from	OV / 1952 to DE	2, 1952 that I last saw the
	22. I hereby certify that I attended the deceased from Addeceased alive on DECK, 1952, and that death occur	urred at 12 p.m., from the car	uses and on the date stated above.
	23AVSIGNATURE	23B. ADDRESS DENNA	ALLE 23C. DATE SIGNED
2	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 24D, LOCAT	ON (City, town, or county)/ (State)
TI	ON, REMOVAL (Specify)	m	l de la companya del companya de la companya del companya de la co
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
	OCAL REGISTRAR Hunery on Vallation, My	Jev. D. Kelson	
	vs 150 - 724	8A 1 1303	Prestmen st
	I I by any		



death clearly and legibly.

causes of

please write

Physicians.

especially important.

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correct

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	52 11330 Registered No.
	2. DATE

DII	TH NO.				
	NAME OF DECEASED pe or Print) MARY	LEWIS		2. DATE OF DEATH December	13, 1952
Α.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (WE A. STATE Maryland	nere deceased lived. If instit B. COUNTY	tution : residence before admission
HC	FULL NAME OF (If not in hospital or ins SEPITAL OR Provident	titution, give street address or location)	c. CITY OR TOWN (If o		ite RURAL and give township
-	Length of stay in Baltimore	Yrs. Mos. Days	16/0 Edmon	dson ave	
		IGLE, MARRIED. DOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Months	
	A. USUAL OCCUPATION (Give kind of done during most of working life, even if setired)	KIND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or for		CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME William Liwis		14. MOTHER'S MAIDEN NA	ME	
15 (Yes	WAS DECEASED EVER IN U.S. ARMED FORCE no or unknown) (If yes, give war or dates of service	S? 16. SOCIAL SECURITY NO. =	Puth Lewis 1610	Edmindson	ess cul
RTIFICATION	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the dinjury or complication which caused of ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RETO THE DISEASE OR CONDITION CAUSING	TLY (a) Hypert (b) (a) Hypert (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	OF DEATH ensive cardiovascu		INTERVAL BETWEEL
L CE		JOR FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL		PLACE OF INJURY (e.g., in nome, farm, factory, street, office bldg., o		in Baltimore City, give	exact location)
	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK	ED 21F. HOW DID INJURY	OCCUR?	
	22. I certify that I took charge of the evidence obtained by said and death in my opinion result	Autopsy, Inspection or 1	Autopsy, In Inquiry, find that said dec	aspection or Inquiry ceased died on the de	ay stated above

23A. SIGNATURE M.D.

24c. NAME OF CEMETERY OR CREMATORY

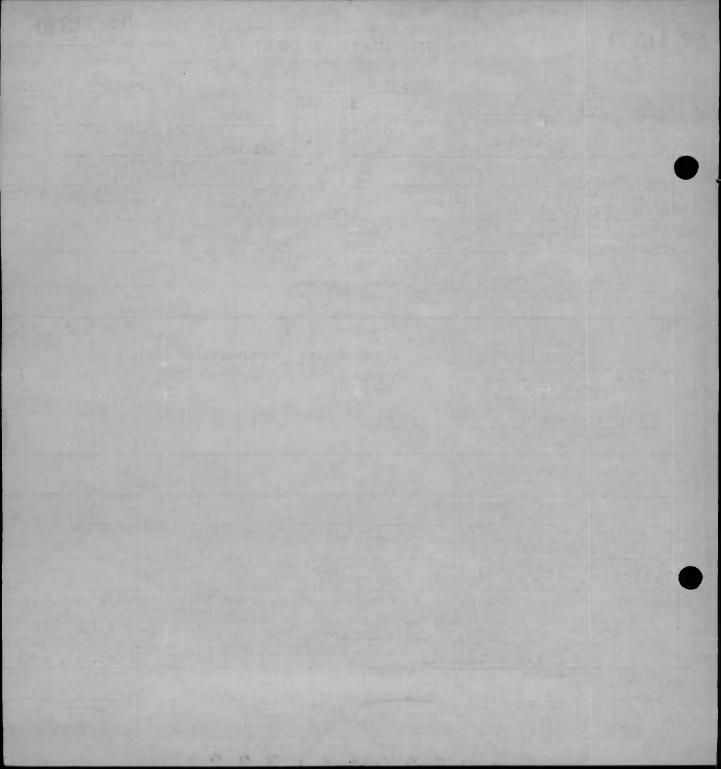
24A. BURIAL, CREMA-TION, REMOVAL (Specify) 12-17-52 Burial REGISTRAR'S SIGNATURE, 125 FUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR DEC 1 5 1957 tuntington

V S 151

24D. LOCATION (City, town, or county)

1952

ADDRESS



OI

canses

BALTIMORE CITY HEALTH DEPARTMENT

52 11331

CERTIFICATE OF DEATH Registered No-BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY A. STATE. before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR / Uf outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years) If Under 1 Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 104. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11 BARTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. 420.1 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ERT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK AT WORK deceased alive on 12-11, 1957, and that death occurred at 8 pm. from 23A. SHENATURE /2 - // . 1952 that I last saw the P.m., from the causes and on the date stated above. 23c. DATE SIGNED I there be 2.300 12-11-5 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24B, DATE 24D. LOCATION (City, town, or county) HON, REMOVAL (Specify) 12-12-52 DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTO ADDRESS LOCAL REGISTRAR VS 150

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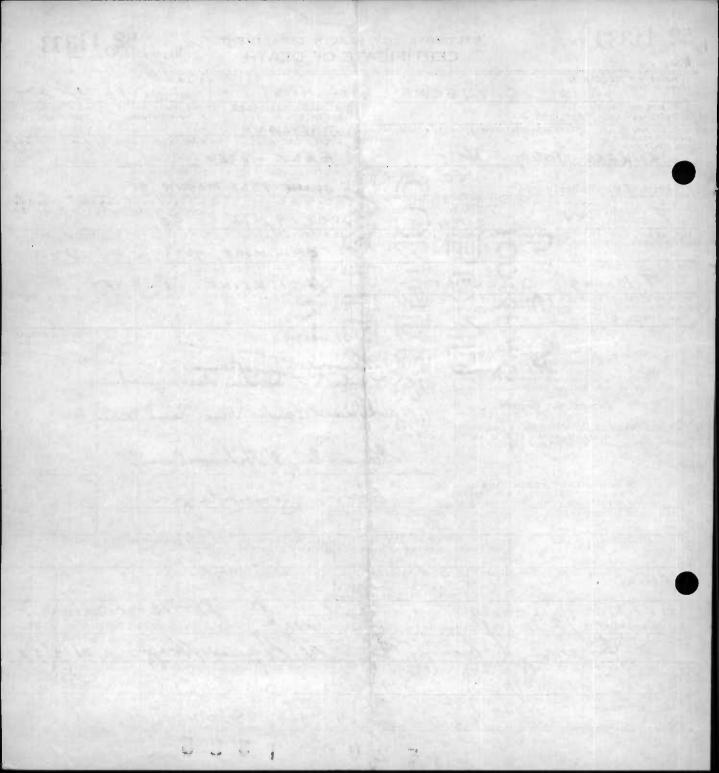
BALTIMORE CITY HEALTH DEPARTMENT

52 11332 Registered No.

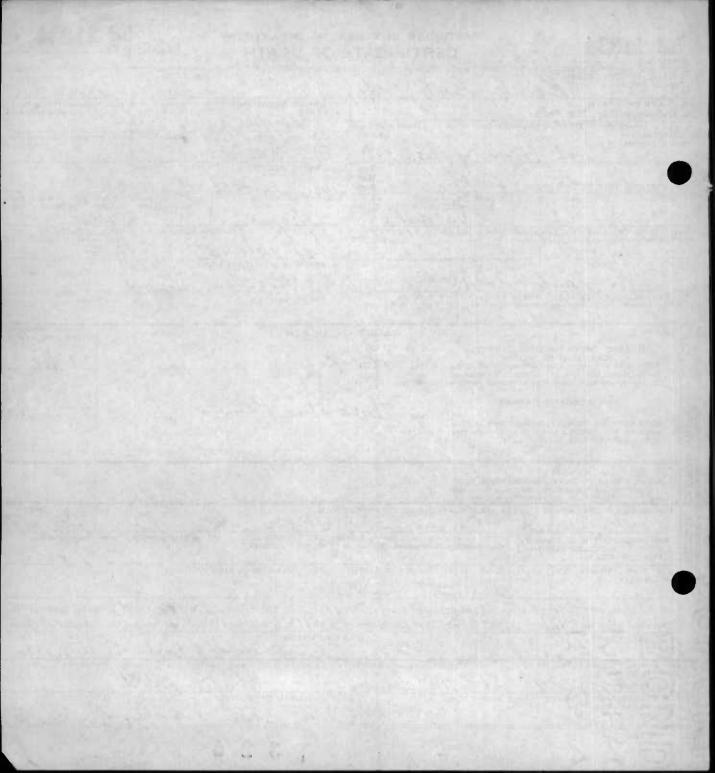
BIRTH NO.	01 22/111
1. NAME OF DECEASED (Type or Print)	2. DATE
Bessie, Triene	DEATH December 12,1952
S. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. CQUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	md. BALTO.
HOSPITAL OR JOHNS HOPHUS HOSPITAL location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
The state of the s	(9 mm/4) (22) 50 township)
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore 23 725.	6913 H calabinat Crass
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours
Fem. 10 WIDOWED, DIVORCED (Specify)	(a-27-9 to last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, even if retired) INDUSTRY	PENNA. WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1. 1	
	LILY KOONIN
(1 set, no of unknown) (11 yes, give war of detes of service) _ SECURITY NO.	17. INFORMANT ADDRESS ADDRESS
No 019-12-1372	CHESTER B. FRIEZE - SAME
18. 420,1 and 260x CAUSE C	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
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(This does not mean the mode of dving, e.g.,	causial infanchin 7 days
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	0 4
Z (B) Cour	com acting disease 5 yes.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
(C)	
F	
OTHER SIGNIFICANT CONDITIONS CON-	La 200-L.
TO THE DISEASE OR CONDITION CAUSING IT.	Market Was
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERA	
U 21A ACCIDENT WAS LINDER 21B, PLACE OF INJURY (6.8, in	or 21c. WHERE DID (If in Baltimore City, give exact location)
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CAUSE OF DEATH	
1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY	D 21F. HOW DID INJURY OCCUR?
m. WHILE AT HOT WHILE MAT WORK	
22. I hereby certify that I attended the deceased from 12	-10 ,152, to 12-12, 1952, that I last saw the
deceased alive on 12-12, 1952, and that death occurr	
	BB. ADDRESS 23C. DATE SIGNED
John h. Heleway M.D.	JOHNS HOPKINS HOSPITAL 1/2-12-52
24A. BURIA CREMA- 24B. DATE 24C. NAME OF CEMETER	
1271AL 12-16-1952 MERDOWRI	USE WASH. BLVD. MA
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	Water Buch Brackle Alambeth Mid.
DLO 151863 Murlington Will amold	and south homend ! I have the
VS 150	

one causes of death clearly and legibly.

	S JULION DO	CERTIFICA	TE OF DEATH	Registered No. 11333
T.	NAME OF DECEASED ype or Print) \[\begin{align*} \text{N is 5} \end{align*}	CATHERINE (DILCHRIST	2. DATE OF /2-13-52
	PLACE OF DEATH: Baltimore City, Maryland			DEATH re deceased lived. If institution : residence before admission)
8. H		pital or institution, give street address location.		tside corporate limits, write INURAL and give
c.	Length of stay in Baltimore	90 Mg	D. STREET ADDRESS (If ru	ral, give location)
	F 6. COLOR OR RAC	SING CE	OCT. 19,1872	AGE (In years If Under 1 Year If Under 24 Hours Months Days Hours Min.
worl	A. USUAL OCCUPATION (Give kind k done during most of working life, even if retire		BALTIMORE,	MP WHAT COUNTRY?
12	THOMAS G	ILCHRIST	14. MOTHER'S MAIDEN NAM	FEENEY
15 (Ye	5. WAS DECEASED EVER IN U. S. ARM (If yee, give war or de	MED FORCES? 16. SOCIAL	17 INFORMANT	ADDRESS
L CERTIFICATION	LEADING TO DE (This does not mean the mode heart failure, asthenia, etc. It m injury or complication which ANTECEDENT CA DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE (UNDERLYING CONDITION II OTHER SIGNIFICANT CON TRIBUTING TO THE DEATH, BL TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION	e of dying, e. g., neans the disease, caused death.) USES IS IF ANY, GIVING A) STATING THE LAST. IDITIONS CON- JIT NOT RELATED	moiel. Cardio Vanc meraling of Anderso lacie garage	20. AUTOPSY?
MEDICA	21A. ACCIDENT, SUICIDE. HOMICIDE (Specify)	218. PLACE OF INJURY (e. about home, farm, factory, street, office blo	g.,etc.) INJURY OCCUR?	n Baltimore City, give exact location)
	OF INJURY (Month) (Day) (Yes	m. WHILE AT NOT WHI	LE K	
TI	deceased alive on 23A. SIGNATURE 4A. BURIAL CREMA- ON REMOVAL (Specify) BURIAL CREMA- 12/16	L. Kringmo	TERY OR CREMATOR 24D. LOC	2-/5, 19 57 that I last saw the causes and on the date stated above. 23c. DATE SIGNED 23f. 5 7
	OCAL REGISTRAR DEC 1.5 1952	f- 11/11.	M. Faher & Sons	401 SUFFOLK Rd.
1		1 9 5 2	001132	5



152	- Account of the contract of t
BALTIMORE CITY HE	EALTH DEPARTMENT 52 11334
BIRTH NO. 12-3/756 CERTIFICATI	
1. NAME OF DECEASED R. II. Pal D	2. DATE OF
3. PLACE OF DEATH:	DEATH /1/3/12
A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. Minstitution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR OWN (If outside corporate limits, write RURAL and give
institution Church Home and Hospital	D. Adolk 22 township)
The state of the s	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore 50 Mins	1830 Marshall RoAd
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DLVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years Worder 1 Year Monder 24 Hours Man. Months: Days Hours Min.
M INTANT	14/13/52 50M:NS
10A. USUAL OCCUPATION (Give hind of one during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIETHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
M. Pa & R. I.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war ce dates of service) SECURITY NO.	17. INFORMANT ADDRESS
18. 77 / A CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	oxia 1hr
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	enta Previa 9 Months
Z DISEASES OR CONDITIONS, IF ANY, GIVING	enla lyevia 9 Months
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
(c)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.	ATION 20, AUTOPSY?
12/13/22 Caesavean	Section YES NO V
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg., CAUSE OF DEATH	n or 21c. WHERE DID (If in Baltimore City, give exact location)
	te.) INJURY OCCUR?
Z D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	INJURY OCCUR?
2 ID. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURR DF INJURY MHILE AT WORK NOT WHILE AT WORK	ED 21F. HOW DID INJURY OCCUR?
OF INJURY	ED 21F. HOW DID INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) PF INJURY MHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 12/13, 19.2. and that death occur	ED 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 3, 19 ² , to 19 ² , that I last saw the red at 11 ² A m., from the causes and on the date stated above.
21D. TIME (Month) (Day) (Year) (Hour) PF INJURY MHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 12/13, 19.2. and that death occur	ED 21F. HOW DID INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 1912, and that death occur 23A. SIGNATURE 24A. BURIAL CREMA-1 24B. DATE 24C. NAME OF CEMETE	ED 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 3, 19 ² , to 19 ² , that I last saw the red at 11 ² A m., from the causes and on the date stated above.
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 12/13, 1952, and that death occur 23A. SIGNATURE M. D.	injury occur? 21f. HOW DID INJURY OCCUR? 2//3 19 ² , to /2/3, 19 ² , that I last saw the red at //- A m., from the causes and on the date stated above. 38. ADDRESS 23c. DATE SIGNED (2//5/12)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 12/13, 1952, and that death occur 23A. SIGNATURE 24A. BURIAL, CREMA- 24B. DATE 110N, SEMOVAL (Specify) 24C. NAME OF CEMETE 110N, SEMOVAL (Specify)	INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22F. HOW DID IN
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 1/1/3, 19, 2. and that death occur 23A. SIGNATURE 24A. BURIAL, CREMA- TION, SEMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	INJURY OCCUR? ED 21F. HOW DID INJURY OCCUR? 22F. How Did Injury occur? 23F. ADDRESS 23C. DATE SIGNED 23C. DATE SIGNED 22F. How Did Injury occur? 23F. How Did Injury occur? 24F. How Did Injury occur? 23F. How Did Injur
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 11/13, 19 12, and that death occur 23A. SIGNATURE 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE 10N. BEMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE	INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22F. HOW DID IN



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) JOHN JAMES PISEKOY DEATHERE IN 19 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or MARYLAND BALTIMORE HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION GENERAL STOSP. MARYLAND 32 - Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 111 Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. B. DATE OF BIRTH 9. AGE (In years # Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. m. VCT. 20 1877 10A. USUAL OCCUPATION (Givekindof) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY STORE KEEPER CONFECT. SNERY STORE 7 BALTIMORE. MD. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME PISEK WOSEPH 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. NO CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION CA 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or | 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK centify that I attended the deceased from 19___, to_ and that death occurred at 5:50 Am, from the causes and on the date stated above. 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY

20. AUTOPSY (If in Baltimore City, give exact location) ., 19___, that I last saw the 24D. LOCATION (City, town, or county) meral Home 7401 Relain R

before admission)

12. CITIZEN OF

ADDRESS

WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

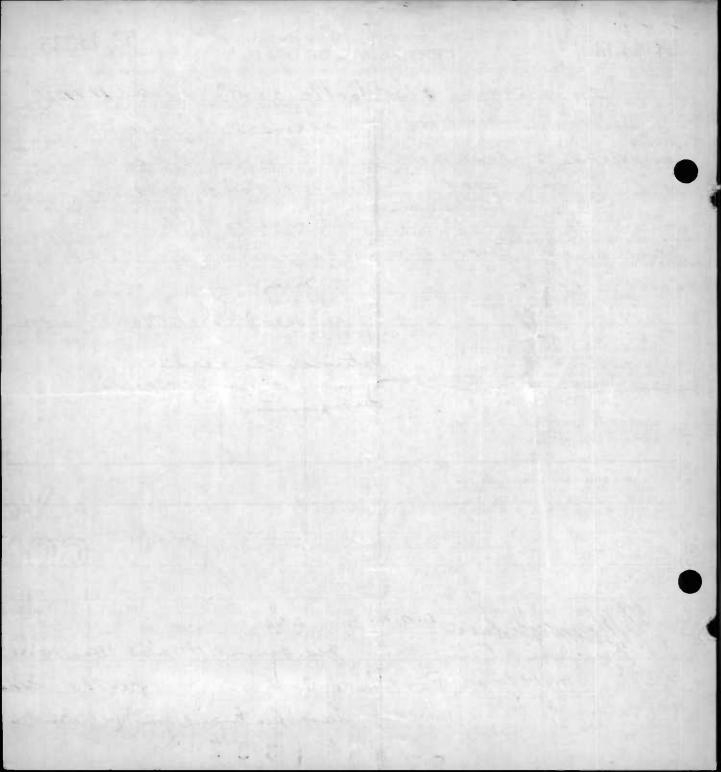
township)

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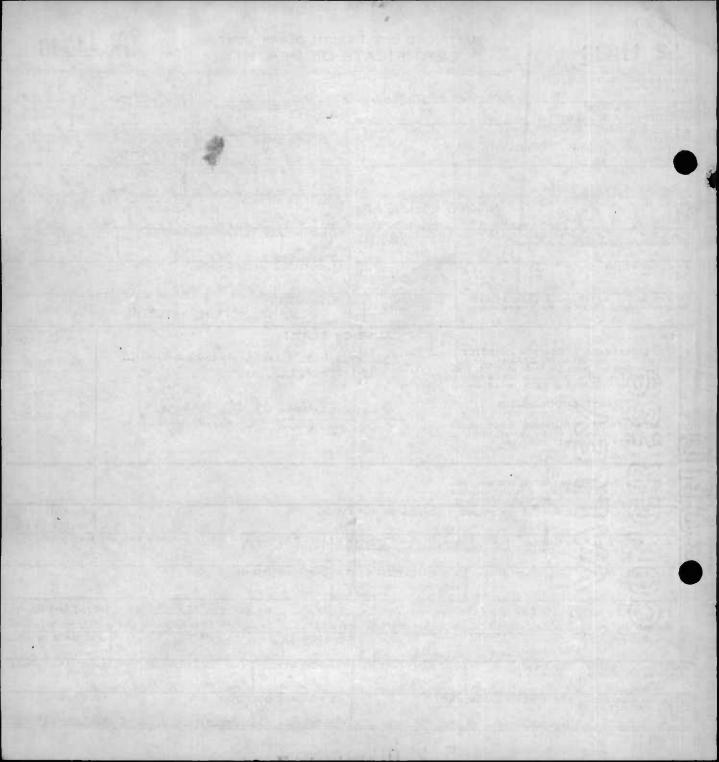
REGISTRAR'S SIGNATURE

Buria DATE RECEIVED BY

LOCAL REGISTRAR



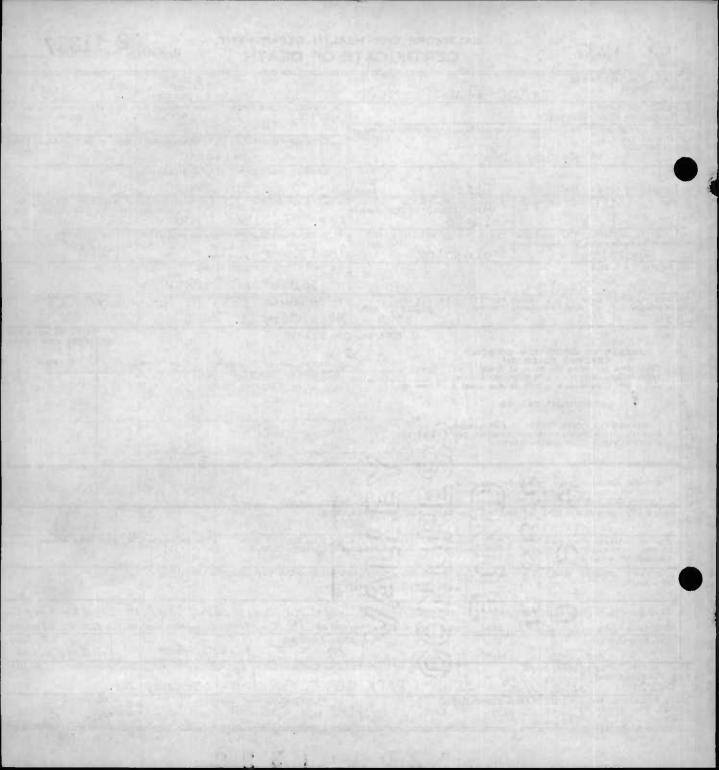
		20				
	1	BALTIMORE CITY H	HEALTH DEPARTMENT 52	43000		
	ВІ	50 44700	CERTIFICATE OF DEATH Registered			
		NAME OF DECEASED (ppe or Print)	2. DATE OF DEATH OPE	13 19.52		
		PLACE OF DEATH: Baltimore City, Maryland R. J. J. P. L. G.	4. USUAL RESIDENCE (Where deceased lived. If i	nstitution: residence before admission)		
	В.	FULL NAME OF (If not in hospital or institution, give street address	or Ma	-04		
		STITUTION JOHNS HOPKINS HOSPITAL	c. CITY OR TOWN (If outside corporate limits	township)		
100		Ýrs. Mos		00.01-		
a le		Length of stay in Baltimore Day SEX 6. QDLOR OR RACE 7. SINGLE, MARRIED.	8 1229 Me ou	Under 1 Year If Under 24 Hours		
ana	21	Call Colored WIDOWED, DIVORCED (Special		ths Days Hours Min.		
clearly	10 work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) INDUSTR		12. CITIZEN OF WHAT COUNTRY?		
- 1	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	> 1		
death		tances he aves	Kuhy Hebron			
es or	(Ye	(If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	JOHNS HOPKINS HOSPITAL	DDRESS		
causes		18. 754.5 CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH		
rue	Disease or condition directly Belaterel to bronchopromore & 20					
Write		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	+ state classic	······		
		ANTECEDENT CAUSES	retation of the aporta.	a . + 0		
please	O.	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	consesting cardial facture	wagener		
	CAT	UNDERLYING CONDITION LAST.				
rnysicians:	RTIFI	II .				
nys	Lt	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	L U	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	ERATION	20. AUTOPSY?		
rant	DICA	21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (6.8	, in or 21c. WHERE DID (If in Baltimore City, g	ive exact location)		
important.	ED	LYING OR CONTRIBUTING about home, farm, factory, street, office hids	g.,etc.) INJURY OCCUR?			
		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR OF INJURY				
nally		m. WHILE AT NOT WHILE AT WORI	K L I	2		
espec		22. I hereby certify that I attended the deceased from 2 deceased alive on 12-13,19 5, and that death occ	$\frac{-12^{-}}{195?}$, $\frac{12^{-}}{3}$, $\frac{195?}{195}$			
S		23A. SIGNATURE PULLED 1. 1860	23 OARROSEFROPKINS HOSPITAL	23c. DATE SIGNED		
age	24		TERY OR CREMATORY 24D. LOCATION (City, town,	1 1 1 2 .		
	_	Qurial Dec. 161852 /nt. Calray	Broklyn, ml.			
correct		TE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS		
	=	VS 150	mephide wes 1206 h rune,	Aug ux, Dus.		
		0 9 5 9 0 0				



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 11337

	1. (T	NAME OF DECEASED Type or Print) SARAH FRANCES WOOD	of Dec. 13, 1952
		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence
	В.	FULL NAME OF (If not in hospital or institution, give street address or	Maryland
	IN	OSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
ly.		1825 N. Broadway	Baltimore
Sell Sell	V	Yrs. Mos.	o. STREET ADDRESS (If rural, give location)
4		Length of stay in Baltimore Life Days SEX 6.COLOR OR RACE 7. SINGLE, MARRIED.	1825 N. Broadway
and	٥.	WIDOWED, DIVORCED (Specify)	
	-1	W single	
death clearly	worl	OA. USUAL OCCUPATION (Give kind of OB, KIND OF BUSINESS OR k done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
clo		Seamstress clothing	Baltimore, Md. USA USA
ıth	13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
des		John D. Wood	Sarah Ann Parker
of	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 8, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT 1825 N. Broadwooress 13
es	` 1	no	Miss Mary A. Wood
write the causes		18. 153 X CAUSE	OF DEATH INTERVAL BETWEEN
o e		DISEASE OF COMPLETON PLETON	ONSET AND DEATH
th		(This does not mean the mode of dying, e.g.,	arumi of sola 6 mo.
ite		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.). OUE TO	
W		ANTECEDENT CAUSES	
se	7	(B)	
lea	0	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
d ,	AT	UNDERLYING CONDITION LAST.	
sus	2	(8)	
Physicians: please	Į.	OTUED CIGNUEIGANIT CONDUCTION	
ıys	ER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED	
PP	U	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION	2471231
ţ.	닐	198. MAJOR FINDINGS OF OPER	
tan	<u>S</u>	21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (c. g., i	in or 21c. WHERE DID (If in Baltimore City, give exact location)
especially important.	NED	LYING OR CONTRIBUTING bout home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?
E .		210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY	ED 21F. HOW DID INJURY OCCUR?
IIIy	4	m. WHILE AT NOT WHILE	
ста		22. I hereby certify that I attended the deceased from 9-	
spe			rred at 1 A m., from the causes and on the date stated above.
ıs e		, 10 = . and that death occur	238 ADDRESS 230 DATE SIGNED
		Omer med. M.D.	1737 E. North Ave 12/13/52
age		4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
	110	burial 12/15/52 LOUDON PARK (CEMETERY Baltimore, Md.
correct		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
၁၁	LC	DEC 1 5 1000 Huntington Williams M. M.	HENRY SANDER & SONS, INC.
	=	VS 150	BALTO. 13, MD Sley " 10 miles
		V3 130	
		195260	1 1 3 9 9

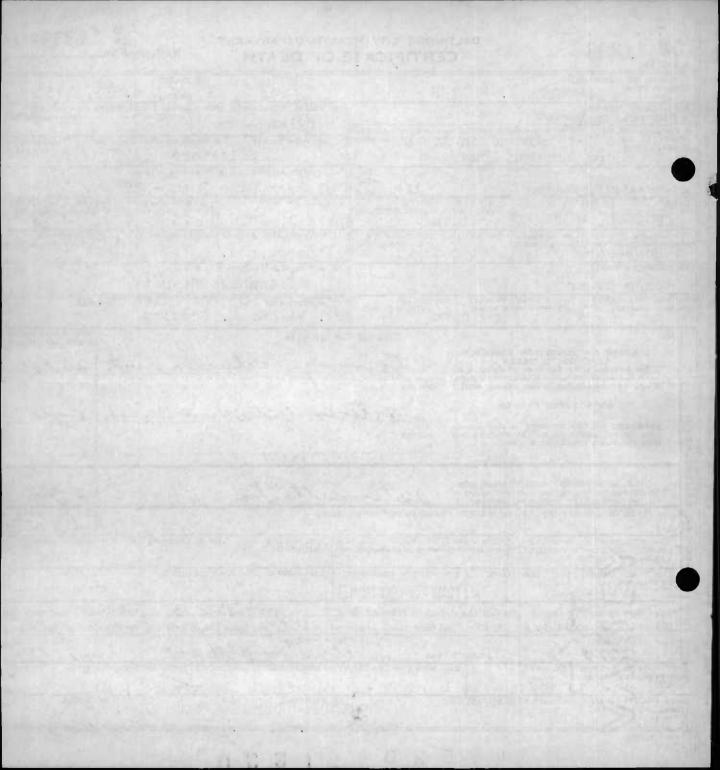


correct use is especially important. Physicians: please write the causes of death clearly and egibly.

BALTIMORE CITY HEALTH DEPARTMENT

52 11338

BIRTH NO.		CERTIFICATI	E OF DEATH	registered is	0,
1. NAME OF D (Type or Print)	VERONICA N	V KUBALB		2. DATE OF DEC.	13 1952
3. PLACE OF D		1. ROMEDI	4. USUAL RESIDENCE (
A. Baltimore	City, Maryland		ANSTATE	B. COUNTY	before admission)
B. FULL NAME HOSPITAL OR		al or institution, give street address or ond son Avenue location)		c 11 11 14	TO THE PARTY OF TH
INSTITUTION	JJIJ Edillo			f outside corporate limits 1MOPE	township
	Hood Nursing	Yrs.	D. STREET ADDRESS (I	Control of the contro	
a Langil of	stom in Daltinous	Tag Mos.			
5. SEX	stay in Baltimore	7. SINGLE, MARRIED.	503 Rock Glen	9. AGE (in years)	Under 1 Year If Under 24 Hours
F	W	WIDOWED, DIVORCED (Specify) WIDOW	April 3, 1876		nths Days Hours Min.
10A. USUAL OC	CCUPATION (Give kind of of working life, even if retired)	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or :	foreign country)	12. CITIZEN OF
House		at home	Baltimore, Md.		USA WHAT COUNTRY
13. FATHER'S	NAME		14. MOTHER'S MAIDEN N	IAME	
George	Bauer		Elizabet	h Bonnett	
	SED EVER IN U. S. ARMET	FORCES? 16. SOCIAL	17. INFORMANT 503	Rock Glen R	DRESS
no	(11 yes, give war or date	of service) SECURITY NO.	Irs. Wilmer H.		
18. 1/2	0 0	CAUSE	OF DEATH		[INTERVAL BETWEEN
	0.0		OF DEATH		ONSET AND DEATH
	SE OR CONDITION LEADING TO DEAT	TH Can			4011
(This doe	s not mean the mode oure, asthenia, etc. It mea	f dying, e.g., (A)	my orch	rin, au	C Suddle
injury or	complication which c	aused death.) DUE TO			
	ANTECEDENT CAUS	-			
7	ANTICOEDENT CACC	a sile	rivaclestri b	earl Decen	5-rec
DISEASE	S OR CONDITIONS, II	F ANY, GIVING			
LIMPEDI	THE ABOVE CAUSE (A) YING CONDITION LA	ST.			
SIL		(C)		***************************************	
OTHER S	11	*1==3			
OTHER S	SIGNIFICANT CONDI	TIONS CON-	anthitis		
TO THE E	DISEASE OR CONDITION	CAUSING IT.	arthulis		3 7/n
41	OF OPERATION 1	9B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
5					YES NO L
= ZIA. ACCIL	DENT WAS UNDER- OR CONTRIBUTING DEATH	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	n or 21c. WHERE DID (btc.) INJURY OCCUR?	(If in Baltimore City, g	rive exact location)
21D. TIME	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
OF INJURY		m. WHILE AT NOT WHILE			
1					
22. I herei	by certify that I att	ended the deceased from	1948 to 20	ec 13 195	
deceased a					that I last saw the
23A, SIGNA	live on Occ. 13	, 1952, and that death occur	red at/1:50 Pm., from	the causes and on th	that I last saw the date stated above
254. 01611	live on Occ. 13		red atll: SPm., from 3B. ADDRESS	the causes and on th	that I last saw the e date stated above
1	1 2 -	Gare M.D.	red at 12:50 Pm., from 3B. ADDRESS Mallow Hil	the causes and on th	e date stated above 23c. DATE SIGNED 12/15-152
1	1 2 -	Gare M.D.	red at/1:50 Pm., from	the causes and on th	e date stated above 23c. DATE SIGNED 12/15-152
1	CREMA 248. DATE Specify 12/16/52	Some M. D. 2 24C. NAME OF CEMETE	red at LISP., from 3B. ADDRESS Mallow LA RY OR CREMATORY 240. L	the causes and on the	e date stated above 23c. DATE SIGNED 12/15-/52 or county) (State)
24A. BURNAL (TION RESOVAL (DUITAL DATE RECEIVE	CREMA 248. DATE Specify 2/16/52 ED BY REGISTRAR	24c. NAME OF CEMETE Pruid Ridge	red at LISP., from 3B. ADDRESS Maclow Maclo	the causes and on the Court of the Court of the Court of the City, town, altimore,	e date stated above 23c. DATE SIGNED 12/15-152
24A. BURIAL (TION, REPOVAL (DULTAL	CREMA 248. DATE Specify 2/16/52 ED BY REGISTRAR	24c. NAME OF CEMETE Druid Ridge s signature	red at LISP., from 3B. ADDRESS Mallow LA RY OR CREMATORY 240. L	the causes and on the	e date stated above. 23c. DATE SIGNED 124/5-/52 or county) (State) Md
24A. BURNAL (DUIT AL (DATE RECEIVE LOCAL REGIS	CREMA 248. DATE Specify 2/16/52 ED BY REGISTRAR	24c. NAME OF CEMETE Pruid Ridge s signature	red at LISP., from 3B. ADDRESS Maclow Maclo	the causes and on the Court of the Court of the Court of the City, town, altimore,	e date stated above 23c. DATE SIGNED ////5/52 or county) (State)
24A. BURNAL (DUITAL DATE RECEIVE	CREMA 248. DATE Specify 2/16/52 ED BY REGISTRAR	24c. NAME OF CEMETE Pruid Ridge s signature	red at Lise Pm., from 3B. ADDRESS Mallow M. RY OR CREMATORY 24D. I Cemetery B 25. FUNERAL DIRECTOR HENRY SANDER	the causes and on the Court of the Court of the Court of the City, town, altimore,	e date stated above. 23c. DATE SIGNED 124/5-/52 or county) (State) Md



BALTIMORE CITY HEALTH DEPARTMENT

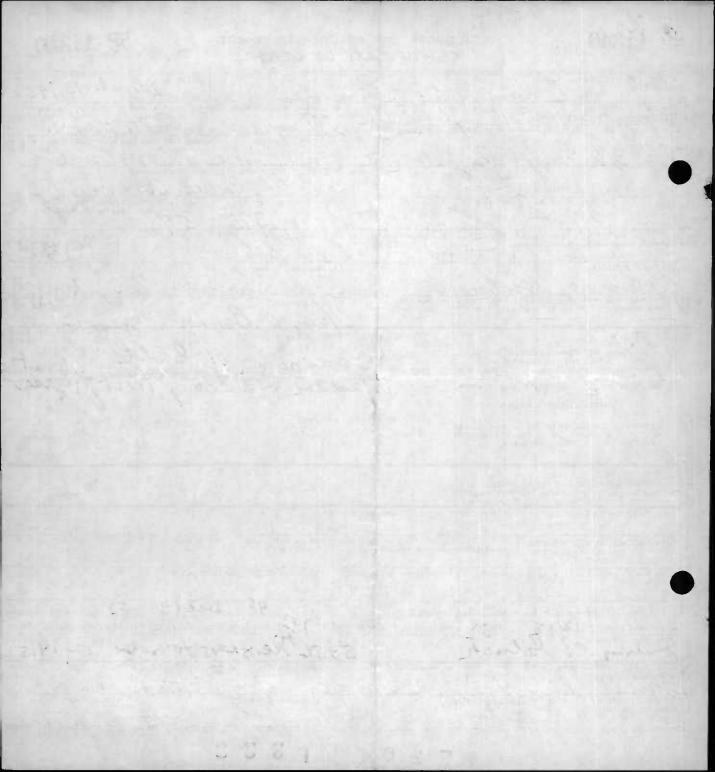
В	RTH NO.	0.03		CERTIFICAT	E OF DEATH	Registered	No	
	NAME OF D	ECEASED	DAMET	A DODGOM		2. DATE OF D	3.0	1000
A.		City, Maryland	PAMEL		4. USUAL RESIDENCE A STATE Maryland	(Where deceased lived. In B. COUNTY	institution:	
HC	FULL NAME OSPITAL OR STITUTION			tion, give strect address or location)	c. CITY OR TOWN	(If outside corporate limi	ts, write RU	RAL and give
	3.	309 Cliftmo	ont Av	enue Yrs.	D. STREET ADDRESS (imore differential in the state of the state	6-03	5
		tay in Baltimore	Life	Mos. Days	3309 Cliftmo			
5. F	SEX	6. COLOR OR RACE	WIDOV	E. MARRIED. NED, DIVORCED (Specify) 210	B. DATE OF BIRTH Dec.31, 1884	9. AGE (In years last birthday) M	if Under I Year onths Days	If Under 24 Hours Hours Min.
10 work	A. USUAL OC doneduring most of Seams	CUPATION (Give kind of for working life, even if retired)		of Business or INDUSTRY	11. BIRTHPLACE (State or		USA	EN OF COUNTRY?
13	FATHER'S			Dept stone	14. MOTHER'S MAIDEN	NAME		
		Dodson			Fannie Reynol			
(Yes	s, no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO 215-09-2690	17. INFORMANT 3309 Mrs Anna I		AKEBU	e 13
ERTIFICATION	DISEASES RISE TO T UNDERLY OTHER S TRIBUTING	not mean the raode of re, asthenia, etc. It mea complication which complication which complication which complication which complication which complication complication is a complication of the complication complication in the death. But	ns the diseas aused death EES ANY, GIVII STATING TO ST. TIONS COLONOT RELAT	NG (C)	rebral blem		5	yrs
LC		F OPERATION 1		FINDINGS OF OPER	RATION		20. A	UTOPSY?
EDICA		ENT WAS UNDER. R CONTRIBUTING	21B. PL about home,	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	in or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City,	give exact l	NO L
Ď		Month) (Day) (Year)	` '	21E. INJURY OCCURR WHILE AT WORK AT WORK		RY OCCUR?		
	22. I hereb	y certify that I att	ended the	deceased from 12.	-12 , 1957, to_	12-12 ,190	2, that I le	ast saw the
	deceased al	URE/	, 19 <u>02</u> .	and that death occur	rred at Zp. m., from	the eauses and on t	23c. DA	ated above. TE SIGNED
24	A. BURIAL, C	REMA- 240-DATE	m	M. D. 24c. NAME OF CEMETE	RY OR CREMATORY 24D.		1	(State)
- 49	on, removal (S burial	12,16	152	Loudon Parl	k Cemeters Ba	altimore, Ma	i.	
	ATE RECEIVED CAL REGIST		SIGNATI	URELTIN	HENRY SANDER		ADDRESS	
	VS 150	302	- 6	0 633 6	99113	3 1		

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BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 11340

BIRTH NO.	CERTIFICATE	OF BLATH	
1. NAME OF DECEASED (Type or Print)	M. Be	mer	2. DATE December 13, 1952
A. Baltimore City, Maryland 3316	ingleside are	4. USUAL RESIDENCE (W	here deceased lived. If institution: residence
B. FULL NAME OF (If not in hospital or inst HOSPITAL OR INSTITUTION	titomon, give street address or location)	c. CITY DRITOWN (If	outside corporate limits, write RURAL and give
3316 Anglese	de Chenne	(Adlimore	Maryland township)
a Langth of stay in Politican	Yrs. Mos.	3316 STREET ADDRESS (If	rufal, give location
	Days I	8. DATE OF BIRTH	9. AGE (in years) If Under I Year If Under 24 Hours
kmile White	DOWED, DIVORCED (Specify)	War 16 1895	last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work dope during most of working life, even if retired)	IND OF BUSINESS OR	11. BLRTHPLACE (State or fo	reign country) 12. CITIZEN OF WHAT COUNTRY?
13/FATHER SNAME	fome-	Hallmore	- 11. S.C.
To the first the		14 MOTHER'S MAIDEN NA	ME /
15 WAS DECEASED EVER IN U. S. ARMED FORCES	S? 16. SOCIAL	17. INFORMANT	ADDRESS (A.
(If yes, give war or dates of service	SECURITY NO.	Harry a Res	1005/350960 Ht
18. 155×	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT	C	ercinoma of	sall a +
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the di injury or complication which caused d	e. g., (A) sease,	a conomo y	ary Truck 1year
ANTECEDENT CAUSES	eath.) DUE TO 13/2	older + Bill	cary stack lylan
	(8)		•
O DISEASES OR CONDITIONS, IF ANY, G RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.			
)	(C)		
COTHER SIGNIFICANT CONDITIONS	CON-		
TRIBUTING TO THE DEATH, BUT NOT REL	LATED		
	JOR FINDINGS OF OPER	ATION	20. AUTOPSY?
	PLACE OF INJURY (e. g., in	or 21c. WHERE DID (I	YES NO Fin Baltimore City, give exact location)
CAUSE OF DEATH	ome, farm, factory, at reet, office bldg., et	(c.) INJURY OCCUR?	
CALL TIME (Manually (D.) (M.) (TV.)	21E. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?
21D. TIME (Month) (Day) (Year) (Hour)			
FINJURY	n. WHILE AT NOT WHILE		
22. I hereby certify that I attended to	n. WHILE AT NOT WHILE		sec 13_, 1952 that I last saw the
FINJURY	n. WHILE AT NOT WHILE		
22. I hereby certify that I attended to deceased alive on 12 13 , 195	the deceased from and that death occur. M. D.	red at) m., from the 3B. ADDRESS Res Zee	that I last saw the accauses and on the date stated above. To have a 23c. Date signed in the last saw the account of the causes and on the date stated above.
22. I hereby certify that I attended to deceased alive on [2], 195	n. WHILE AT NOT WHILE	red at) m., from the 3B. ADDRESS Res Zee	that I last saw the recauses and on the date stated above. 5 four Rec 23c. DATE SIGNED 12 19152. SCATION (City, town or county) (State)
22. I hereby certify that I attended to deceased alive on 2 1 3 195 23A. SIGNATURE C. SLUCK TION REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGN.	the deceased from and that death occur 24c. NAME OF CEMETER	red at) m., from the 3B. ADDRESS Res Zee	that I last saw the accauses and on the date stated above. To have a 23c. Date signed in the last saw the account of the causes and on the date stated above.
22. I hereby certify that I attended to deceased alive on 2 , 195. 28A. SIGNATURE 24A. BURIAL. CREMA- TION PEMOVAL (Specify) 110. 15/5.2	the deceased from and that death occur 24c. NAME OF CEMETER ATURE	red at 1948 to 1948 to 1953. ADDRESS Res ZLAN RY OR GREMATORY 240-100 (MINISTRA DE LA COMPANION DE LA COMPANI	that I last saw the recauses and on the date stated above. 5 four Rec 23c. DATE SIGNED 12/152 SCATION (City, town or county) (State)
22. I hereby certify that I attended to deceased alive on 2 , 195. 23A. SIGNATURE 24A. BURIAL. CREMA- TION REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR'S SIGN. VS 150	the deceased from and that death occur 24c. NAME OF CEMETER ATURE	red at 1948 to 2 m., from the 38. ADDRESSIE SAN APPRINT SAN APPRIN	that I last saw the recauses and on the date stated above. 5 four Rec 23c. DATE SIGNED 12/152 SCATION (City, town or county) (State)



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correct age is especially important. Physicians: please write the causes of death clearly and reguly.

BALTIMORE CITY HEALTH DEPARTMENT

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В	RTH NO.	E OF DEATH	
1.	NAME OF DECEASED Spee or Print) DICKERSON. Dorus	2. DATE OF DEATH	4/52
A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If inst	itution: residence before admission)
H	SPITAL OR STITUTION location)		rite RURAL and give township)
G	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)	
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)		r l Year II Under 24 Hours S Days Hours Min.
10 work	A. USUAL OCCUPATION (Give kind of date during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY		CITIZEN OF WHAT COUNTRY?
	FATHER'S NAME R. Tamber	14. MOTHER'S MAIDEN NAME	
15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDI	RESS
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	r. glimenilonephintis	INTERVAL BETWEEN ONSET AND DEATH HURST
CERTIFI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
EDICAL	218. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., CAUSE OF DEATH	in or 21c. WHERE DID (If in Baltimore City, give etc.) INJURY OCCUR?	exact location)
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE AT WORK		
	22. I hereby certify that I attended the deceased from deceased alive on 1958, and that death occu	rred at m., from the causes and on the c	3C. PATE SIGNED
D,	ATE RECEIVED BY CAL REGISTRAR'S SIGNATURE	e m. E Some Thee, m	county) (State)
	vs 150	Money 23 Stablant 2563 Ed	

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BALTIMORE CITY HEALTH DEPARTMENT

52 11342

BIRTH NO.	CERTIFICAT	E OF DEATH	Registered N	Vo
1. NAME OF DECEASED Charle	o, Unother.	Deller,	2. DATE OF DEATH NEE	13 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	7	4. USUAL RESIDENCE (institution: residence before admission)
B. FULL NAME OF (If not in hospital or in HOSPITAL OR INSTITUTION)	stitution, give street address or location)		f outside corporate limit	s, write RURAL and give township)
c. Length of stay in Baltimore	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	a
5. SEX 6. COLOR OR RACE 7. SI	Days NGLE, MARRIED, POWED, DIVORCED (Specify)	8. DATE OF BIRTH		f Under 1 Year If Under 24 Hours ontbs: Days Hours: Min.
IOA. USUAL OCCUPATION (Give kind of 10B.	KIND OF BUSINESS OR	11. BIRTHPLACE (State of f	59	12. CITIZEN OF
work done during most of working life, even if retired)	INDUSTRY	Pallemor	e	WHAT COUNTRY?
13. FATHER'S NAME		Class Pra	AME	
15. WAS DECEASED EVER IN U. S. ARMED FORC (Yes, no or unknown) (If yes, give war or dates of servi	ES? 16. SOCIAL SECURITY NO.	17. INFORMANT	100171/h	DDRESS
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the rande of dying heart failure, asthenia, etc. It means the injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY. RISE TO THE ABOVE CAUSE (A) STATIS UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RISE TO THE DISEASE OR CONDITION CAUST	(B)	of DEATH	the lung	INTERVAL BETWEEN ONSET AND DEATH
TRIBUTING TO THE DEATH, BUT NOT RI	ELATED			
NA CAL	JOR FINDINGS OF OPER			20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	. PLACE OF INJURY (e. g., in home, farm, factory, street, office hidg., a	n or 21c. WHERE DID (If in Baltimore City, g	;ive exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	m. WHILE AT NOT WHILE			
22. I hereby certify that I attended deceased alive on 12 - 12, 19 23A. SIGNATURE	3. and that death occur			that I last saw the he date stated above. 23c. DATE SIGNED 12-11-5-2
24A. BURIAL, CREMA- TION REMOVAL (Specify) Que 16/52	24C. NAME OF CEMETE	RY OR CREMATORY 24b. L	OCATION (City, town,	or county) (State)
DATE RECEIVED BY DECISTON D'S SIGN	IATURE 1	25 FUNERAL DIRECTOR		KNOPESS

VS 150

LOCAL REGISTRAR

especially important. Physicians: please write the causes of death clearly and legibly.

750 6 M 129 M. Carreiro St

	Act I won to a second at
Bridge to also to	
The state of the s	

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.

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Burial

DATE RECEIVED BY

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

21B. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIBabout bome, farm, factory, street, office bldg., etc.) UTING [CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED

WHILE AT WORK

20. AUTOPSY' (If in Baltimore City, give exact location)

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,

and death in my opinion resulted from; natural eauses T, accident , suicide , homicide , undetermined . Dec.13, 1952 23A. SIGNATURE MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

Catthedral Cem.

21c. WHERE DID

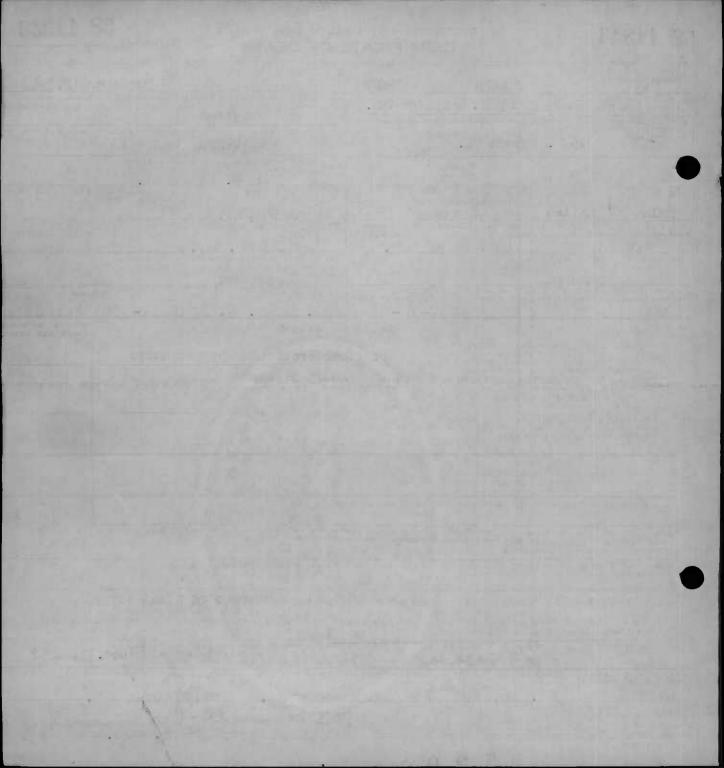
INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

OCAL REGISTRAR VS 151

REGISTRAR'S SIGNATURE

Baltimore.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: resid A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION JOHNS HOPKINS HOSPITAL Yrs. D. STREET ADDRESS (If rural, give location Mos. c. Length of stay in Baltimore 25 years Days 6. COLOR OR RACE 5. SFX AGE (in years If Under 1 Year II Under 24 Hours last birthday) Months Days Hours Min. 7. SINGLE, MARRIED 9. AGE (in years) CWIPOWED, DIVORCED (Specify) escholor 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? At Home Providence R.I 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVARIN U. S. ARMED FORCES? (Yes, no or unknown) (If see give war or dates of service) SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. JOHNS HOPKINS HOSPITAL No None 18. 443X INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) CERTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION . 198 MAJOR FINDINGS OF OPERATION 20, AUTOPSY DICA 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING ш CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! 22. I hereby certify that I attended the deceased from 12-. 1952-to 12-13, 1952 that I last saw the deceased alive on 12-13, 1957, and that death occurred at 1103 Im., from the causes and on the date stated above. 23A/SIGNATURE / 23B. ADDRESS 23c. DATE SIGNED JOHNS HOPKINS HOSPITAL 24A BURIAL, CREMA-24B, DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Cremation 12-16-52 Loudon Baltimore DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRES LOCAL REGISTRAR

VS 150

Iwalington

4600 Liberty Heights Ave.

mas Vig 12-4 Marie Marie

BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Dec. 11. 1952 DEATH HENRY D. ERNSTBERGER 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR 1834 W. North Ave. location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1831 W. North Ave.

8. DATE OF BIRTH

9. AGE (In years | M Under 1 Year | M Under 24 Hours | Months | Days | Hours | Min. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) April 11, 1865 87

1f. BIRTHPLACE (State or foreign country) white widowed 10A, USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY Barber (retired)
13. FATHER'S NAME 5, Marvland 14. MOTHER'S MAIDEN NAME Frank Ernstberger Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS 212-14-3294 Mr. Clarence A. Ernstberger-1834 W. North INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e.g., in or 21c. WHERE DID LYING OR CONTRIBUTING about home farm factory street office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! 22. I hereby certify that I attended the deceased from Apr. 20, 1950, to Dec. 11, 1957, that I last saw the deccased alive on Der. 11. 1952, and that death occurred at I. 5 pm., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24D. LOCATION (City, town, or county) Burial Western Cem. Balto.. 25 FUNERAL PRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 5 105 VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

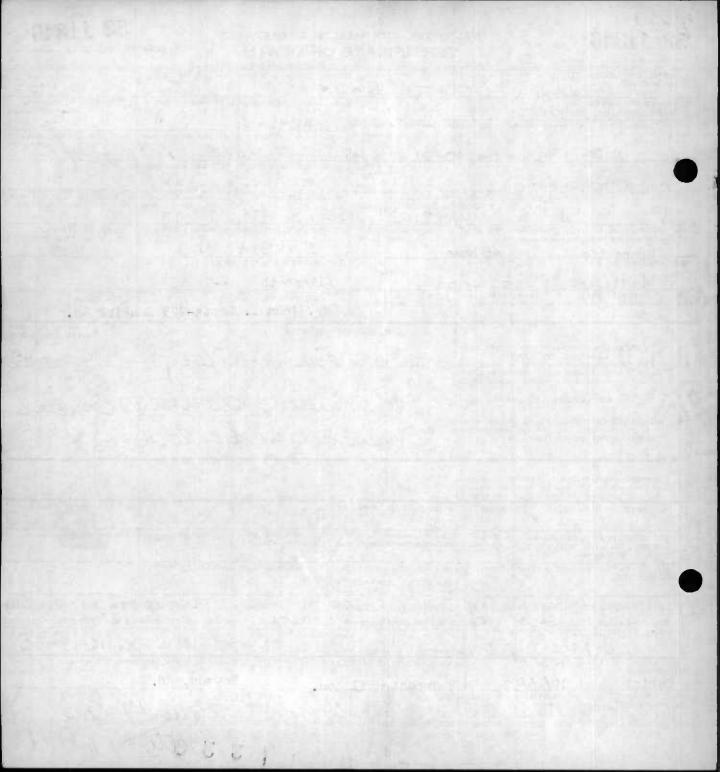
BALTIMORE CITY HEALTH DEPARTMENT

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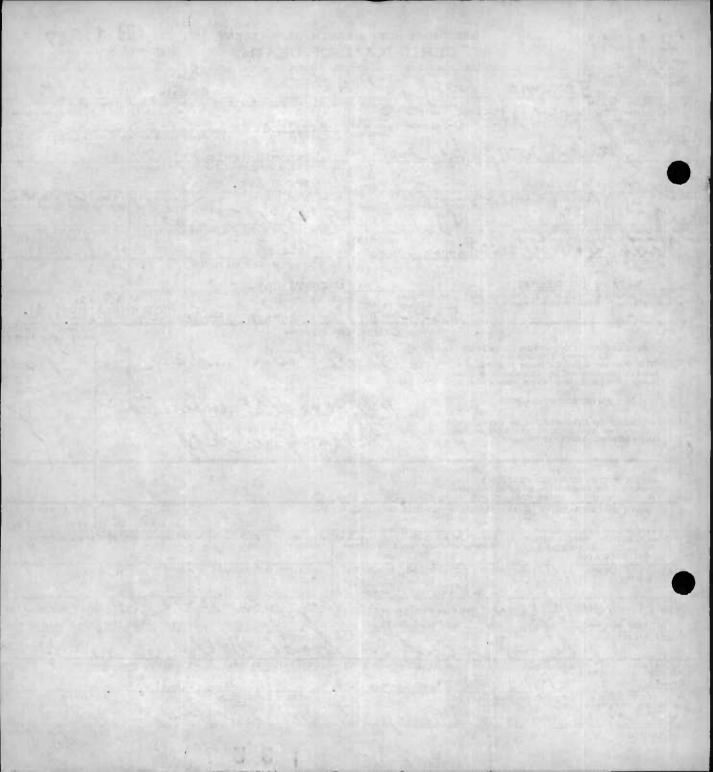
3 (scotto 17, Md.

-		CERTIFICAT	E OF DEATH	Registered 1	No.
	NAME OF DECEASED			1	
(T ₃	me on Print)	LIZABETH RA	UK	2. DATE OF DEATH	C. 13, 1952
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE	Where deceased lived. If B. COUNTY	institution: residence before admission)
B. F		nstitution, give street address or location)		If outside composets limi	ts, write RURAL and give
INS	HOSPITAL Last	Le WOMEN SKIPTIN	C. CITT OR TOWN	- 1000	township)
		Yrs.	D. STREET ADDRESS (I		
	Length of stay in Baltimore	Mos. Days	1915 N. P		
5,		INGLE, MARRIED, VIDOWED, DIVORCED (Specify)	SEPT. 3 1875		onths Days Hours Min.
104 work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	KIND OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
13	Housewife at	home	SALEM 14. MOTHER'S MAIDEN	N. 7	Q.S.
13.	W. II	1.11		NAME	
15.	WAS DECEASED EVER IN U. S. ARMED FOR	CES? 16. SOCIAL	Elizabeth -	_	DDRESS
(Yes,	no or unknown) (If yes, give war or dates of ser	vice) SECURITY NO.	Mr. John L. Le		
	18. 420.0	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRE	CTLY	. 0. 0. 10.	S	ONSE! AND DEATH
3	(This does not mean the mode of dyin heart failure, asthenia, etc. It means the	ng, e.g., (A)	erdial mouffic	reecy	6 montz
	injury or complication which caused	death.) DUE TO			
z	ANTECEDENT CAUSES	(B) arolri	osclerofic hea lised arfeli	rtdisear	e several
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.	, GIVING	0: 1 2 Mori:	mala in:	Goars
CA	CINDERCTING CONDITION EAST.	(c) genera	erred arteu	0°CCOCO CO	
브	11		1200000000		
	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAUS	RELATED			
U.		AJOR FINDINGS OF OPER			20. AUTOPSY?
YO.	.7				YES NO _
MEDICAL	21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	B. PLACE OF INJURY (e. g., i t home, farm, factory, street, nffice bldg.,	in nr 21c. WHERE DID lote.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
2	21D. TIME (Month) (Day) (Year) (Hou OF INJURY			RY OCCUR?	
		m. WHILE AT NOT WHILE AT WORK			
	22. I hereby certify that I attende				
	deceased alive on DEC. 13, 19			the causes and on t	
	231, SIGNATURE Hard Ria	Mier M.D.	Domais Hoyi da	l Baltimorel	712-13-92
-			DY OF CREMATORY 245	LOCATION (City, town	
24 TIO	A. BURIAL CREMA- 248. DATE N. REMOVAL (Specify)	24C. NAME OF CEMETE	RI OR CREMATOR! 24b.	LOCATION (City, town	, or county) (State)
	A. BURIAL (CREMA-) N, REMOVAL (Specify) Burial 12/16/52 ITE RECEIVED BY REGISTRAR'S SIG	Prospect Hill	m _o ,	wson, Md.	, or county) (State)

F 9 0 9



В	145 52 113 IRTH NO.	47		В			ALTH DEPAI E OF DEA		Regist	52 1 ered No.	134	17
	NAME OF D	ECEAS	erome	2, 1	Coppl	EMI	7N		2. DATE OF DEATH	12-	13-1	12
A.	Baltimore C	ity, M		fins	u. Ito	mp.	4. USUAL RES	IDENCE (W				residence re admission)
H	OSPITAL OR	ru	ar If	tal or instit	del S	ee address or location)	c. CITY OR TOX	VN (If	outside corpora		rite RUI	RAL and give township)
					,	Yrs. Mos.	D. STREET ADD		ural, give locat	ion)	60	
	Length of st		Baltimore OR QR RACE	17 SING	LE, MARRIE	Days	Oregon 8. DATE OF BIR		0. 405 417 41	an wal M Had	u I Voer	M Hada 24 Hagas
	M		W	WIDO	WED, DIVOR	CED (Specify)	9/12/	1889	63			If Under 24 Hours Hours Min.
T C	A. USUAL OCC	CUPAT	ION (Give kind of life, cyterif retired)	C. C	nd of Busii). Derger &	INDUSTRY	II. BIRTHPLAC	E (State or for	reign country)	12	CITIZE	OUNTRY
13	B. FATHER'S N	AME		Wat 21	Woody		14. MOTHER'S	MAIDEN NA	ME		000	
	Charl	es K	oppleman			(1/2)	Barbara Sn	yder				
Ye	MAS DECEASE	D EVER	IN U. S. ARME e, give war or date	D FORCES?	16. SOCI	AL JRITY NO.	17. INFORMANT		Daves	ADD	RESS	163
	no				216-05	-9354	Mrs. Anna	E. Kop	pleman-0	or Hei	Ave.	-
	18. 421	2.1	. 1	ST.		CAUSE C	F DEATH					AL BETWEEN AND DEATH
		LEAD	CONDITION	TH		10000	to Pul	u o	Dear			
	heart failui	re, asthe	ean the mode onia, etc. It mes eation which	ins the dise	ase,		<u> </u>			-		
		Diu			th.) DUE T	0	carde		1			
z	avelta:	ANTEC	EDENT CAUS	SES	(B)	Mus	carde	el en	Tarel	con		
0	DISEASES	OR CO	ONDITIONS, I	F ANY, GIV	ING THE DUE T							***************************************
Y.			ONDITION LA		(C)	Cord	nary,	u M	16.			
F									///			
באו	TRIBUTING	TO TH	CANT CONDI E DEATH, BUT DR CONDITION	NOT RELA	TED							
1	19A. DATE O					S OF OPERA	TION				20. A	UTOPSY?
4						ETTY	berger (a)	TOTAL PROPERTY.			YES] NO [
A E DIC	LYING OR CAUSE OF I	CONT	AS UNDER-			JURY (e. g., in reet, office bldg., et		DID (If	in Baltimore	City, give	exact lo	ocation)
-	2 ID. TIME (Month)	(Day) (Year)	(Hour)	21E. INJUR	RY OCCURRE	D 21F. HOW D	ID INJURY	OCCUR?			Arrive Sil
				m.	WHILE AT WORK	NOT WHILE						
	22. I hereby	certi	fy that I att	ended_th	e deceased	from / 2 -	1319	Syro 1	2-13	1954	hat I la	ist saw the
	deceased al.	ive an		19		death occurr			e causes and			
	23A. SIGNAT	URE	11	ne	/	/ 23	B. ADDRESS	260	8	2	3c. DA1	SIGNED
2	4A. BURIAL, C	REMA-	24B. DATE	100	24c, NAME	M. D. OF CEMETER	Y OR CREMATOR	Y 240. LO	CATION (City	, town, or	county)	(State)
_	on, removal (S) Burial	pecify;	12/17/5	2	Glen F	Haven Ce	n	Glov	n Dusmia	Ma		
D.	ATE RECEIVED		REGISTRAR	S SIGNA		in the second of	25. FUNERAL D		n Burnie	Md.	DDRESS	
	DEU 15	1952	Huntin	aton ,	VIIIam	117	Jrm.	. Vici	ener	V xe	no	
	VS 150		()		1.4.	//		1 1	, -	Ma	1
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			73		in with a	20 11	7	-1				



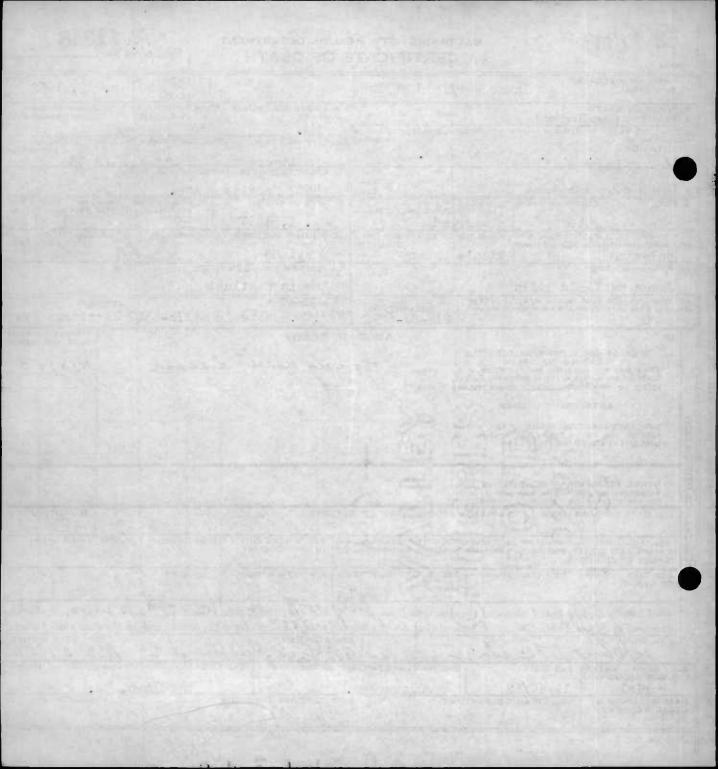
N-420 11348

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

52 11348 Registered No.

BIRTH NO.	CERTIFICAT	E OF DEATH	
1. NAME OF DECEASED (Type or Print)	Mar Warfield Mills	2. DATE OF DEAT	Dec. 12. 1952
	al or institution, give street address or	4. USUAL RESIDENCE (Where decea a. STATE B. C	sed lived. If institution; residence OUNTY before admission)
D. O. A. Lu	theran Hosp.	Baltimore	porate limits, write RURAL and give township)
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give	location)
5. SEX 6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 9. AGE (last bi Aug. 1, 1897 55	in years H Under 1 Year H Under 24 Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	Rice's Bakery	11. BIRTHPLACE (State or foreign coun Maryland	12. CITIZEN OF WHAT COUNTRY?
James Warfield Mills		14. MOTHER'S MAIDEN NAME Fannie Hastings	
15. WAS DECEASED EVER IN U. S. ARMEO (Yes, no or unknown) NO	of service) 16. SOCIAL SECURITY NO. 215-01-6292	17. INFORMANT Mrs. M. Isabelle Mills	ADDRESS -5507 Narcissus Ave
DISEASE OR CONDITION: LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which complication with the property of the death of the death with the property of the death complication which complication with the property of the death with the property of the pro	TIONS CON-NOT RELATED		e 4/8/50
19A. DATE OF OPERATION . 1 1	98. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
Z1A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,	n or 21c. WHERE DID (If in Baltir	more City, give exact location)
21D. TIME (Month) (Day) (Year) OF INJURY 22. I hereby certify that I att	m. WHILE AT NOT WHILE AT WORK AT WORK	ey 15 1, 1952, to DEC 12	- K, 19 5-7 that I last saw the
deceased give on the 12 23A. SIGNATURE TOWN DIBLE	ebert M.D. 4	Ted at 12.55 P.m., from the causes 803 Tack Heights A	and on the date stated above. 23c. DATE SIGNED 12. 1952
24A. BUDAL. CREMA- TION. GENOVAL (Specify) Burial DATE RECEIVED BY LOCAL REGISTRAR VS 150	24c. NAME OF CEMETE Woodlawn Cem s signature		(City, town, or county) (State)
	1 9 5 480	HY Dall	D / /, 11000.



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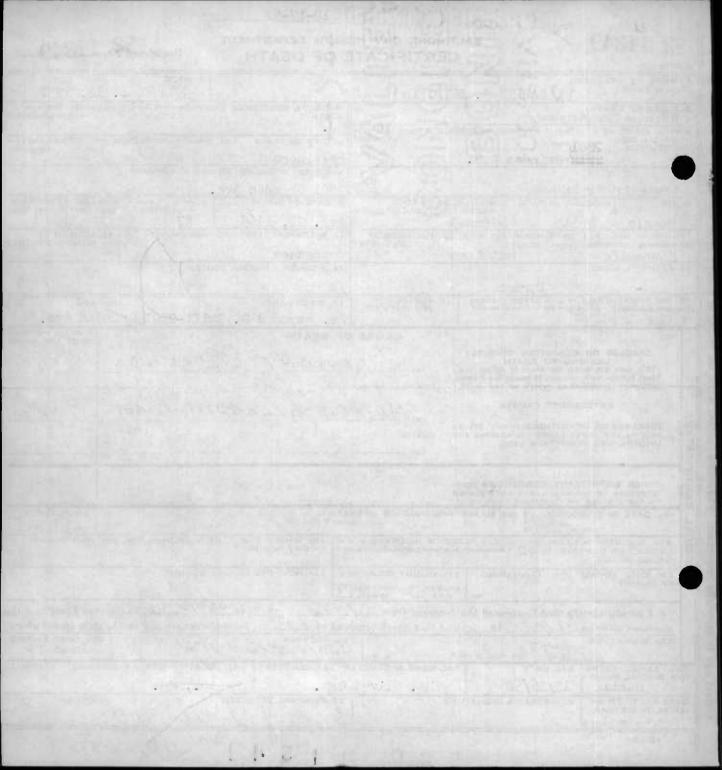
correct age is especially important. Physicians: please write the causes of death crearry and regiony.

CERTIFICATE CORRECTED 12-17-52

BALTIMORE CITY HEALTH DEPARTMENT

52 11240

CERTIFICATE OF DEATH Registered No.	
1. NAME OF DECEASED 2. DATE	
(Type or Print) CARRIE S. SWIFT Dec. 12, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland	ssion)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL na	d give
INSTITUTION 2801	nship)
2818 Grindon Ave. Baltimore Yrs. D. STREET ADDRESS (If rural, give location)	
Mos.	
5 SEX 16 COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) If Under Year If Under Year	
WIDOWED, DIVORCED (Specify) Inst birthday) Months Days Hours	Min.
Female White Widowed Aug. 22, 1005 07 10A. USUAL OCCUPATION (Give lind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	
work done during most of working life, even if retired) INDUSTRY WHAT COUNTY	ITRY?
Housewife at home Temessee 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Turner Ellen - 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS	
(Yes, no or unknown) (If yes, give war or detes of service) SECURITY NO	
Mr. Raymond S. Swift-2801 Grindon Ave.	WEEN
ONSET AND I	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) COROMARY OCCUSION IV/18/5	-1
heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) DUE TO	
Z ANTECEDENT CAUSES (B) ARTERIO-SCLEROTIC HEART 3 YES	15
Z DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	•••••
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	200
OTHER SIGNIFICANT CONDITIONS CON-	
O TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOP	NO E
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or 21C. WHERE DID (If in Baltimore City, give exact location	_
YES TO YE	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
OF INJURY WHILE AT WORK M. WORK	
22. I hereby certify that I attended the deceased from 1946, 19, to 12/12/52, 19, that I last sa	w the
deccased alive on 17/11/51, 19 and that death occurred at 6 P. m., from the causes and on the date stated of	
Land Appress A 34 Jags DATE SI	GNED
(alter & / far / g in M.D. 4301 Harfor 4 1 d 12/14/5	
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (Specify)	State)
Burial 12/10/52 Mt. Olivet Cem. Balto., Md.	
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25, FUNERAL DIRECTOR ADDRESS	
DEC151000 ++ + + Will. Jum. & Whener Thous	
VS 150 1302 Made of the state o	
1 3 4 1 Vallo 17, 10ta.	



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BALTIMORE CITY HEALTH DEPARTMENT

52 11350

CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF Dec. 12/52 Emil Rezek DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland 2135 Jefferson St. B. COUNTY before admission) 2135 Jefferson St (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore Md. o. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 2135 Jefferson Street life Days 5. SEX 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE (In years of Under I Year of Under 24 Hours Days Hours Min. 6. COLOR OR RACE WIDOWED, DIVORCED (Specify) Male Dec.13.1889 White 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work dooe during most of working life, even if retired) WHAT COUNTRY? Plawin Res't Baltimore Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wenzel Rezek Anna Mojzes 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, oo or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS 1334 W.Lombard Street Mrs.Walter Kiser INTERVAL BETWEEN CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., io or 21c, WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT AT WORK WORK 22. I hereby certify that I attended the deceased from_ . that I last saw the deccased alive on_ pand that death occurred at. m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 23B. ADDRESS 24A. BURIAL, CREMA-244, NAME OF CEMETERY OR CREMATORY Balto. Md. Burial Dec.16/52 Loudon Park Cem. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 2024 Orleans St. withour 5 1057

THE RESIDENCE TO A STREET Those of anni The Armsty Called AND EXPENSES SEED TO A TOTAL OF SEED AND ASSESSED. - cast prist lieber i ALTOREGUES OF THE PARTY OF THE

wine the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

52 11351

1. NAME OF		CERTIFICAT	E OF DEATH	Registered No)
(Type or Print)		nt T Pottonson		2. DATE OF	18 1050
3. PLACE OF	DEATH:	rt J. Patterson.	4. USUAL RESIDENCE (W	DEATH DOC here deceased lived, If in	13,1952
	City, Maryland		A. STATE	B. COUNTY	before admission)
B. FULL NAME HOSPITAL OR	OF (If not in hospit	al or institution, give street address or location)		outside comprate limits	Write RURAL and give
INSTITUTION	3740 Hic	kory Ave	Baltimore	10'	(wnship)
	0,1020	Yrs.	D. STREET ADDRESS (If r	ural, give location)	
Length of	stay in Baltimore	Life Mos. Days	3740 Hickory	v Ave	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		nder 1 Year If Under 24 Hours ths: Days Hours Min.
Male	White	Widower	Jan 10.1865	about 87	
10A. USUAL Of work done during most	CCUPATION (Give kind of tof working life, even if retired)	10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country)	2. CITIZEN OF WHAT COUNTRY
Retired	Engineer	Penna R.R.	Maryland		U.S.
13. FATHER'S	NAME		14. MOTHER'S MAIDEN NA	ME	. /
Ch	arles W. Pa	tterson	Unknown.		
(Yes, no or unknown	SED EVER IN U. S. ARMEE	FORCES? 16. SOCIAL sef service) SECURITY NO.	17. INFORMANT	AD	DRESS AVE
			Mrs. Marie Rocks	.1906 N.Pa	tterson PK
18. 42	2.1	CAUSE	OF DEATH		INTERVAL BETWEEN
	SE OR CONDITION	DIRECTLY	0 0 -		
(This doe	LEADING TO DEAT es not mean the niode of lure, asthenia, etc. It mea	f dying, e.g., (A)	Tronder Or	elimonia	
injury or	r complication which c	aused death.) DUE TO	U		
	ANTECEDENT CAUS	SES	Francho Pr	0110	
Z DISEASE	ES OR CONDITIONS, II	(в)И	1000000000000	JUGUS.	
DISEASE	ES OR COMPITIONS, II				
LINDER	THE ABOVE CAUSE (A)	STATING THE OUE TO			
UNDERL	THE ABOVE CAUSE (A) YING CONDITION LA	STATING THE OUE TO			
UNDERL		STATING THE OUE TO ST.			
UNDERL UNDERL OTHER	LYING CONDITION LA	STATING THE OUE TO ST. (C)			
UNDERL	YING CONDITION LA II SIGNIFICANT CONDI IG TO THE CEATH, BUT OISEASE OR CONDITION	TIONS CON- NOT RELATED CAUSING IT.			
O TO THE	YING CONDITION LA II SIGNIFICANT CONDI IG TO THE CEATH, BUT OISEASE OR CONDITION	TIONS CON-			20. AUTOPSY?
19A. DATE	SIGNIFICANT CONDITION IN SIGNIFICANT CONDITION OF OPERATION	TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPER	RATION		YES NO
TO THE O	SIGNIFICANT CONDITION LA SIGNIFICANT CONDITION OF OPERATION 1	TIONS CON- NOT RELATED CAUSING IT.	RATION	in Baltimore City, gi	YES NO
19a. DATE 19a. DATE 21a. ACCII LYING CAUSE OF 21o. TIME	SIGNIFICANT CONDITION LA SIGNIFICANT CONDITION OF OPERATION 1 DENT WAS UNDERDER CONTRIBUTING TO EACH (Month) (Day) (Year)	TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bldg.,	RATION in or 21c. WHERE DID (lf	in Baltimore City, gi	YES NO
TO THE O	SIGNIFICANT CONDITION LA SIGNIFICANT CONDITION OF OPERATION 1 DENT WAS UNDERDER CONTRIBUTING TO EACH (Month) (Day) (Year)	TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bldg.,	RATION in or 21c. WHERE DID (lf injury occur?) ED 21f. HOW DID INJURY	in Baltimore City, gi	YES NO
19A. DATE 19A. DATE 21A. ACCII LYING CAUSE OF 210. TIME OF INJURY	SIGNIFICANT CONDITION LA SIGNIFICANT CONDITION OF OPERATION 1 DENT WAS UNDERDER CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING (Month) (Day) (Year)	TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bldg., (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK AT WORK	RATION in or 21c. WHERE DID (If INJURY OCCUR? ED 21f. HOW DID INJURY	in Baltimore City, gi	YES NO ve exact location)
19A. DATE 19A. DATE 21A. ACCII LYING CAUSE OF 210. TIME OF INJURY	SIGNIFICANT CONDITION LA SIGNIFICANT CONDITION OF OPERATION OF OPERATION OF OPERATION OF CONTRIBUTING TO DEATH (Month) (Day) (Year)	TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg., (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE MORK ended the deceased from	RATION In or 21c, WHERE DID (If INJURY OCCUR? ED 21f. HOW DID INJURY 21c. 10, 1952 to 0	in Baltimore City, gi	ve exact location) that I last saw the
TO THE OF THE OF INJURY	SIGNIFICANT CONDITION LA SIGNIFICANT CONDITION OF OPERATION OF OPERATION OF OPERATION OF CONTRIBUTING DEATH (Month) (Day) (Year) by certify that I attalive on Death 1	TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg., (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK ended the deceased from 195 2 and that death occur	RATION In or 21c, WHERE DID (If INJURY OCCUR? ED 21f. HOW DID INJURY 21c. 10, 1952 to 0	occur?	ve exact location) that I last saw the
TO THE OF THE OF INJURY 21A. ACCII LYING CAUSE OF INJURY 22. I here deceased of 23A. SIGNA	SIGNIFICANT CONDITION LA SIGNIFICANT CONDITION OF OPERATION 1 DENT WAS UNDERDOR CONTRIBUTING 1 DEATH (Month) (Day) (Year) by certify that I attalive on Jel. 11 ATURE	TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bidg., (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK ended the deceased from Control of the deceased f	ED 21F. HOW DID INJURY	occur? lec. 13, 1954, e causes and on the	that I last saw the date stated above.
TO THE OF THE OF INJURY 21A. ACCII LYING CAUSE OF INJURY 22. I here deceased of 23A. SIGNA	SIGNIFICANT CONDITION LA SIGNIFICANT CONDITION OF OPERATION OF OPERATION OF OPERATION OF CONTRIBUTING DEATH (Month) (Day) (Year) by certify that I attalive on Death 1	TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPEF 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg., (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK ended the deceased from 1952 and that death occur.	ED 21F. HOW DID INJURY	occur?	that I last saw the date stated above.
TO THE OF 19A. DATE 21A. ACCILLYING CAUSE OF INJURY 22. I here deceased of 23A. SIGNA 24A. BURIAL, TION, REMOVAL (Buri	SIGNIFICANT CONDITION LA SIGNIFICANT CONDITION IS TO THE OEATH, BUT OISEASE OR CONDITION OF OPERATION OF OPERATION OF CONTRIBUTING FEATH (Month) (Day) (Year) by certify that I att alive on ATURE CREMA- (Specify) A1 Dec 16	TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPEF 21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg., (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK ended the deceased from Control of the deceased f	RATION In or 21c. WHERE DID (If INJURY OCCUR? ED 21f. HOW DID INJURY 21f. HOW DID INJURY 21f. HOW DID INJURY 22f. 10, 19 2 to 0 23b. ADDRESS RY OR CREMATORY 240. LCG Green	occur? lec. 13, 1954, e causes and on the	that I last saw the date stated above. 23c. DATE SIGNED 19 (State)
TO THE OF 19A. DATE 21A. ACCILLYING CAUSE OF 21O. TIME OF INJURY 22. I here deceased of 23A. SIGNA 24A. BURIAL, TION, REMOVAL (SIGNIFICANT CONDITION LA SIGNIFICANT CONDITION OF OPERATION 1 DENT WAS UNDERDER CONTRIBUTING DEATH (Month) (Day) (Year) by certify that I attended on Death attended on De	TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPEF 21B. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bldg., (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK ended the deceased from Occurry, 1952 and that death occurry, 1952 and that death occurry, 1952 and that death occurry, 1953 and that death occurry, 1954 and that death occurry, 1955 and 19	RATION In or 21c. WHERE DID (If INJURY OCCUR? ED 21f. HOW DID INJURY 21f. HOW DID INJURY 21f. HOW DID INJURY 22f. FOR THE TOR THE	occur? lec. 13, 1954, e causes and on the	that I last saw the date stated above. 23c. DATE SIGNED 1 (State)

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Allowe J. Pathagaon. eva greateth Chisava modela 6475 gewohl TE thema wesel, of may attend anglineer | Tenna S. c. Confignation of the Charge . GERILARY

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survivant to lever discourse and

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Registered 52 11352 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE ELMER M. (Type or Print) 3. PLACE OF DEATH: B. COUNTY before admission) Maryland A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate) imits, write WIRAL and give C. CITY OR TOWN INSTITUTION Johns Hopkins Hospital Baltimore D. STREET ADDRESS (If rural, give location) Mos 2108 Jefferson Street c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) last birtbday) | Months: Days | Hours! Min. WIDOWED, DIVORCED (Specify) male white single Nov. 17, 1893 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, even if retired) Balto. Office Supply Co. Baltimore. Maryland Press Operator 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME PRINTINS John M. Miller Anna M. Sorbaugh 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS 228-05-7537 Martin L. Miller. 3622 Reech Avenue yes W. W. I INTERVAL BETWEEN 18. 5 40. 1 CAUSE OF DEATH ONSET AND OEATH DISEASE OR CONDITION DIRECTLY eritoritis due LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, perforated Garraic Ular injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) .. Circhisis of Liver OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) UTING [] CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WORK 22. I certify that I took charge of the remains described above, held an . thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \mathbb{X} , accident \square , suicide \square , homicide \square , undetermined \square . 23A. SIGNATURE MEDICAL INVESTIGATOR 24c. NAME of CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Baltimore. Maryland burial 12/17/52 National Cemetery

25. FUNERAL DIRECTOR

1217 St. Paul Street

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of

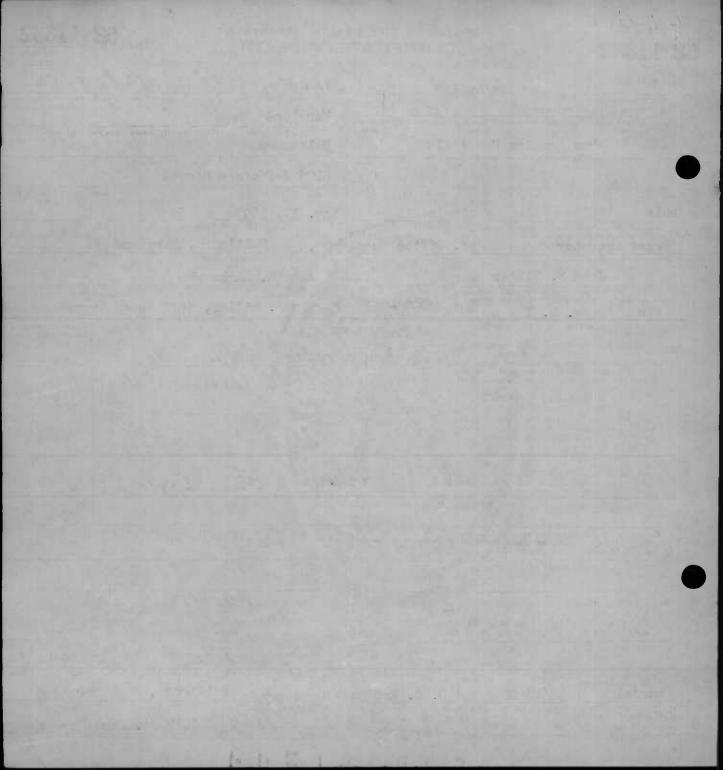
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DATE RECEIVED BY

LOCAL REGISTRAR

151

REGISTRAR'S SIGNATURE



BIRTH NO (Type or Print)

BALTIMORE CITY HEALTH DEPARTMENT

52 11353

ADDRESS

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. CQUNTY A. Baltimore City, Maryland before admission) alterraire (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION JOHNS HOPKINS HOSPITAL Yrs. D. STREET ADDRESS (If rural, gira location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) (Months: Days Hours: Min. 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) LNDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 211 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes, give war or dates of service) SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. HOPKINS HOSPITAL JOHNS INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILF AT NOT WHILE . 1952 to_ . 1952 that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 12/13, 19 52 and that death occurred at 923 Pm., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED JOHNS HOPKINS HOSPITAL 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY Journal

25, FUNERAL DIRECTOR

VS 150

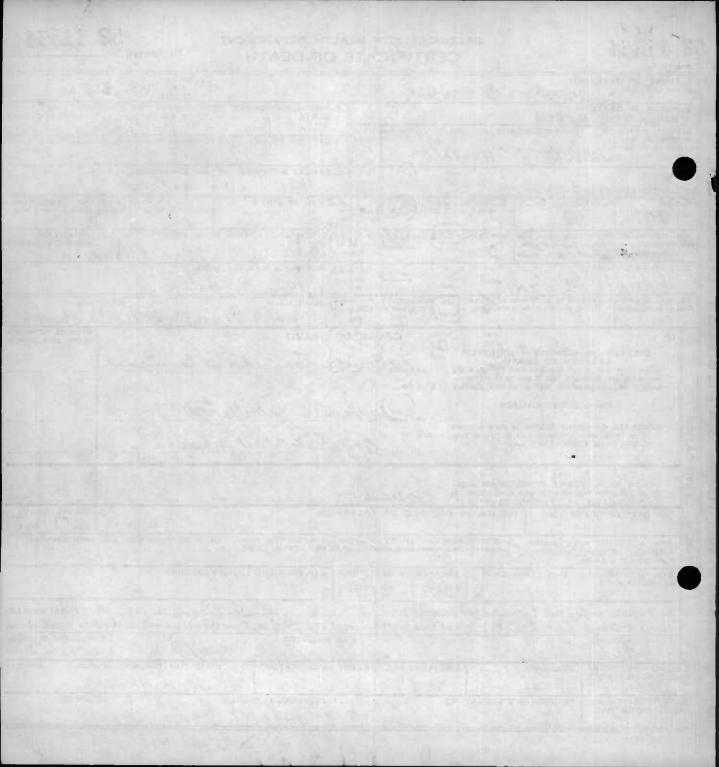
DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

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· -	560	BALTIMORE CITY HE	ALTH DEPARTMENT	51	2 11354		
3	2 1135A BIRTH NO. (C	CERTIFICATI		Registered No	- S. A.CA. J. Z.		
	1. NAME OF DECEASED (Type or Print)	"CONNOR		2. DATE OF DEATH /2-/2	2-52		
	3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	B. COUNTY	before admission)		
	HOSPITAL OR	institution, give street address or location)	C. CITY OR TOWN (If	BAITIME outside corporate limits,			
γ.	INSTITUTION UNIVERSITY	HOSPITAL		5300	township)		
legibly	c. Length of stay in Baltimore	Yrs. Mos. Days	2408 GENE	rural, give location) AVE	Gehb Rug		
y and le	5. SEX 6. COLOR OR RACE 7. S	SINGLE, MARRIED SPECIFY)	1 / NARCH 21, 1889	9. AGE (In years If United States of the last birthday) Mont	nder I Year If Under 24 Hours ths Days Hours Min.		
cleari	vork done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 1	2. CITIZEN OF WHAT COUNTRY?		
death clearly	FRANK CONNIR	(W)	HANNE MC	Aller			
	15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no or unknown) (If yes, give war or dates of ser	CES? 16. SOCIAL rvice) SECURITY NO.	17. INFORMANT	ADI	DRESS /		
sesi	NO		MRS MARY LON	NOR 2400 (INTERVAL BETWEEN		
write the causes of	DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dyi heart failure, asthenia, etc. It means the injury or complication which caused	ng. e. g., (A) artirio	ecleratie Cardeners	ierle Driece	ONSET AND OEATH		
	ANTECEDENT CAUSES Que passification						
: ples	DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STATE UNDERLYING CONDITION LAST.		petive Nearl for	line.			
hysicia	O II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU	RELATED LANGE					
		AJOR FINDINGS OF OPER	ATION		20. AUTOPSY?		
tant	21a. ACCIDENT WAS UNDER- 2	18. PLACE OF INJURY (e.g., in	or 21c. WHERE DID (I	f in Baltimore City, given	YES NO VE exact location)		
	LYING OR CONTRIBUTING CAUSE OF DEATH	ut home, farm, factory, street, office bldg., e	to.) INJURY OCCUR?				
mı /	210. TIME (Month) (Day) (Year) (Hou		ED 21F. HOW DID INJURY	OCCUR?			
ally		m. WHILE AT NOT WHILE		1/15			
especially	22. I hereby certify that I attended descased alive on /2-/3-3-19	ed the deceased from	2 - 10 , 19 2 to /	he causes and on the	that I last saw the		
	23A SIGNATURE		3 or ADDRESS	te causes and on the	23c. DATE SIGNED		
age is	24A. BURIAL, CREMA- 24B/DATE	M. O.	RY OR CREMATORY 240, E	Acles	/2-/3-52 r county) (State)		
	TION REMOVAL (Specify)	NEW CALL	FORAL BI	Alt, MORE /	(M/)		
correct	DATE RECEIVED BY REGISTRAR'S SILLOCAL REGISTRAR	GNATURE,	25. FUNERAL DIRECTOR		ADDRESS		
	VS 150	TYANAMAN, MIN	CARRIES . I	1 1 1 -			
	1 8	5 2 0 04906	8 118 M. Mt. Ro	YHI HUE.			



Registered No. 11355 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) TONY LAWRENCE DEATH December 14, 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF if not in hospital or institution, give street address or Marvland HOSPITAL OR location) (If outside corp in the limit, write RURAL and give C. CITY OR TOWN Provident Hospital township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Moe 1639 Edmondson Avenue . Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (ln years) WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Male Colored arrie a 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF clearl work donefluring mget of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME navience. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Depressed Skull Fracture heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) XXXXXX ANTECEDENT CAUSES please (B) Lacerations of Face DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. XXXXXX (c) Compound Comminuted Fracture of both lower legs Physicians: 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING | CAUSE OF DEATH. 16/1 Fremont and Laurens Streets street 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE Pedestrian struck by automobile especially 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 22 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER. age ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR ... 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR V S 151 N 503.2

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Kotz BALTIMORE CITY HEALTH DEPARTMENT

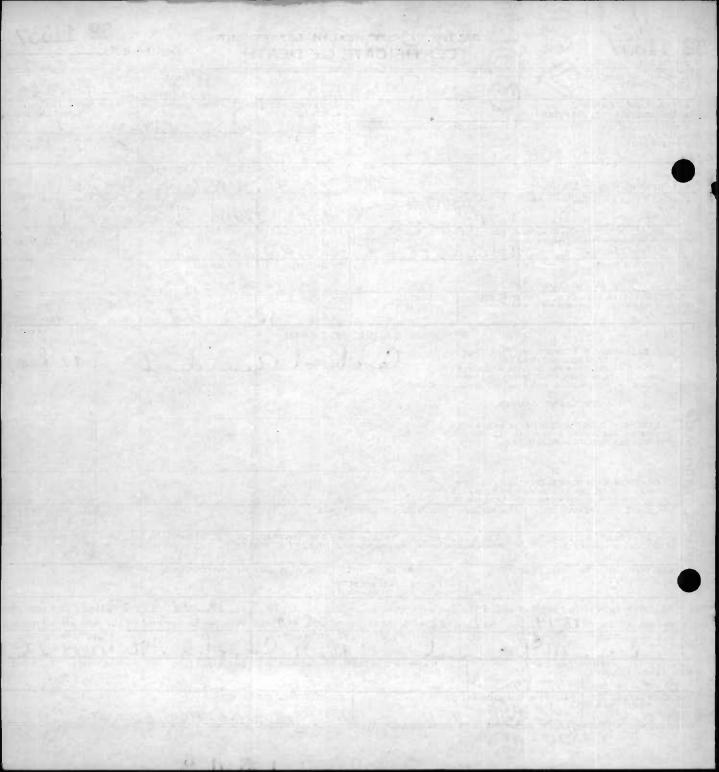
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BIRTH NO.	CERTIFICATI	OF DEATH	Registered No.	11356
1. NAME OF DECEASED (Type or Print)	George Ko	f 4	2. DATE OF DEATH OSC.	148 (45)
B. FLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or HOSPITAL OR INSTITUTION) (III) (III) (III) (III) (III)	L'MAL L'14 Mel. r institution, give street address or location)	4. USUAL RESIDENCE (W) A. STATE Wany lane	nere deceased lived, If ins B. COUNTY utside corporate living,	before admission)
c. Length of stay in Baltimore	279 Xrs. Days	D. STREET ADDRESS (If re		L
	. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years It Uni	der I Year H Under 24 Hours hs Days Hours Min.
10A. USUAL OCCUPATION (Givekind of 10 work done during his of working life of early ctired)		11. BIRTHPLACE (State or for	eign country) 12	CITIZEN OF
13. FATHER'S NAME Uls. Theodore Us	4	14. MOTHER'S MAIDEN NAI	RAAA	
15. WAS DECEASED EVER IN U. S. ARMED F. (Yes, no or nuknown) (If yes, give war or dates of	DRCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	tolk Jalle	RESS
DISEASE OR CONDITION DILLEADING TO DEATH (This does not mean the mode of dheart failure, asthenia, etc. It means injury or complication which caus	dying, e.g., (A) And the disease,	of DEATH	ilsteral	INTERVAL BETWEEN ONSET AND DEATH
Z O DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST.	NY, GIVING	mia phrosilero	us	
OTHER SIGNIFICANT CONDITION TO THE DISEASE OR CONDITION OF	T RELATED 3 - 10	riosclerosi	•	
	MAJOR FINDINGS OF OPER			YES NO
	21B. PLACE OF INJURY (e. g., in bout home, farm, factory, street, office bldg., c		in Baltimore City, give	e exact location)
21D. TIME (Month) (Day) (Year) (HOOF INJURY	OUT) 21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		OCCUR?	
22. I hereby certify that I attendeceased alive on 22. 14, 1	19£4, and that death occur	red at 10 9 am., from th	c causes and on the	that I last saw the date stated above. 23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify)	24c, NAME OF CEMETE S2 Holy Reda	emes Com 12	CATION (City, town, or alternore)	county) (State)
DATE RECEIVED BY REGISTRAR'S STOCKED BY REGISTRAR DEC 1 5 1057	SIGNATURE	Trank It Seit	£ 814 2136°	the state of the s
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52 11357 BALTIMORE CITY HEA! Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE AMES AGL OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) MARYLAND B. FULL NAME OF (If not in hospital or institution, give street address or HOW AR! HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) LKRIDGE p. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore ERDOWRIDGE Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, OF BIRTH 9. AGE (In years) If Under 1 Year | It Boder 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months Days | Hours Min. 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY ETIRE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME NKNOWN NKNOWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. (Yes, no or unknown) INTERVAL BETWEEN 18 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK AT WORK , 19_, to 12 -14 . 199 4 that I last saw the 22. I hereby certify that I attended the deceased from . 1952. and that death occurred at S. orth m., from the causes and on the date stated above. deceased alive on 12-14 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE 24D. LOCATION (City, town, or county) (State) 24c. NAME OF CEMETERY OR CREMATORY JURIA L DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE INBOTHOM, FLLILOTT

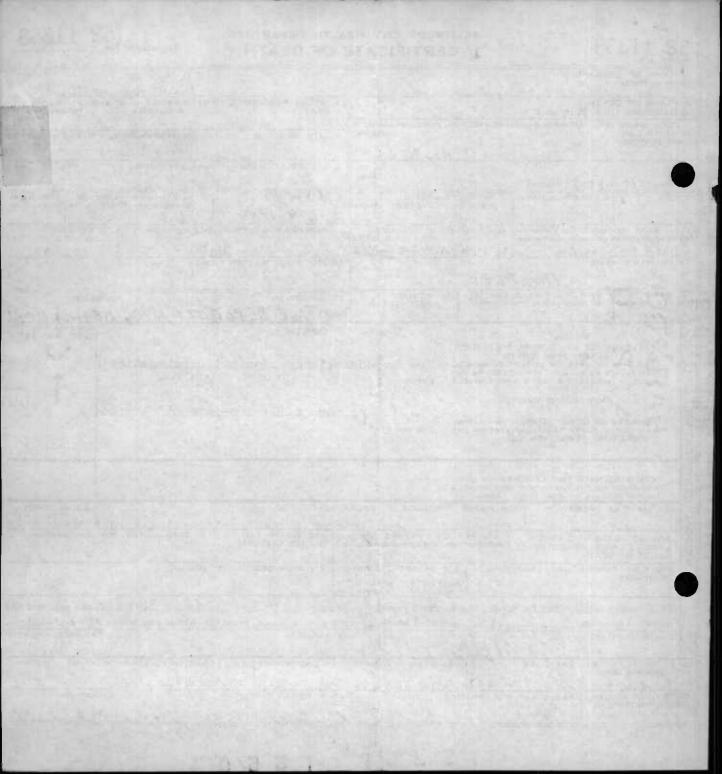
important.



BALTIMORE CITY HEALTH DEPARTMENT 52 11358 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Peacock. Ella Rose DEATH December 1/1. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate units, write RURAL and give INSTITUTION Lownship) Joseph's HOSPITAL D. STREET ADDRESS (If rural, give location) Yrs. Mos. ength of stay in Baltimore 1026 Abbott Court Days 7. SINGLE, MARRIED. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (in years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. AUG 9 188 Widowed 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR all. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? NURSES AIDE U.S.A. NEWYORK STATE MENTA New York 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HARTLEY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. GUSTAUE DEPOITIERS 4706 KENWOODAUS NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., Generalized abdominal carcinomatosis heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Carcinoma of Gastro-intestinal trac RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES November 28 etastatic adenocarcinoma of sastro-intestinal tract 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from November 12, 1952, to December 1419 52, that I last saw the deceased alive on Dec. 14.49.52, and that death occurred at 8:302m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 71.00 M Caroline St 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C NAME OF CEMETERY OR CREMATORY | 24D, LOCATION (City, town, or county) MD. WOODLAWN BURIA WOOD LAWN CEMETERY DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

VS 150

until alow



N-420

Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

52 11359

B	IRTH NO.	1		CERTIFICAT	E OF DEATH	Registered	No.
1. (T	NAME OF DE	ECEASED Will	iam t	fother Wolst	Microsoft State	2. DATE OF DEC	ember 14, 1952
A.	PLACE OF DE Baltimore C	ity, Maryland &	utheran	Kospital	4. USUAL RESIDENCE (Where deceased lived, I	before admission)
	FULL NAME OSPITAL OR	Luther an	tal or institut	tion, give street address or location)		C 7	its, write RURAL and give
7	30 Ashl	unton its 1	Baltin	we. Md.	0 11.	nore Md.	1 () township)
			Fe 185	Yrs. Mos.	0 mars 1 1 1 1 1	f rural, give location)	0
	SEX SEX	ay in Baltimore 6. COLOR DR RACE		Days E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours
1	male	white		VED, DIVORCED (Specify)	May 15, 1888	last birthday) M	onths Days Hours Min.
worl	k done during most of	CUPATION (Give kind of working life, even if retired	"Luther	of business or an Horningustry	11. BIRTHPLACE (State or Maryla	foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S N		Balt	mon Md.	14. MOTHER'S MAIDEN N	NAME	1 u.s. 4.
	Willi	iam A. Wolsh	, Sr.		Catherine Zink		
15 (Ye	. WAS DECEASE	D EVER IN U.S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT HOSP		
	no				Lutheran Hos	nital, Bal	timore Md.
	18. 420				OF DEATH		ONSET AND DEATH
		E OR CONDITION LEADING TO DEA	\TH	10.	rebral hemo	male	8 hours
	heart failui	not mean the mode re, asthenia, etc. It me complication which	ans the diseas	se,			
		ANTECEDENT CAU			10 10 10 10	1. 1. lea to	14 2
Z	- I MARKET SAME DE LANGET LE PARTILITATION DE LA CONTRE						
ATION	RISE TO TI	HE ABOVE CAUSE (A)	STATING T				
FICA							
RTIF	OTHER 6	II IGNIFICANT COND	NITIONS OF				
CEF	TRIBUTING	TO THE DEATH, BUT SEASE OR CONDITIO	NDT RELAT	ED			
L				FINDINGS OF OPER			20. AUTOPSY?
CA	21A ACCIDE	NT, SUICIDE.	1 21B PI	ACE OF INJURY (e.g., i	n or 21c, WHERE DID	(If in Baltimore City,	YES NO L
EDI	HOMICIDE	(Specify)		farm, factory, street, office bldg.,		(ii iii buitimote Oity,	give exact location)
2	21D. TIME () OF INJURY	Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	RY OCCUR?	
			m.	WHILE AT NOT WHILE	930		10 30 m
	22. I hereby	certify that I at	tended the	deceased from Dec	mby 14 1952 Vo 1		2 that I last saw the
	224 ELCNIAT	LIDE		and that death occur	red at 10 m., from 3B. ADDRESS	the causes and on	he date stated above
	Rudolph	M. Zander M. i) assist	ant resident of	utheran Hospital,	Manulano	12-14-1952
24	AA. BURIAL, C	REMA. 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 240. I		
-	Burial ATE RECEIVED	12/17/5		Loudon Park	Cem. Ba. 25. FUNERAL DIRECTOR	lto., Md.	ADDRESS
L	CAL REGISTE	7.00	neton	Villiaum Mis	Ilm. The	lever & &	MS
-	VS 150		W			as of	10 00-1
11				5830		Janes	17, ma.

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WHAT POPTAL PRINCE

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

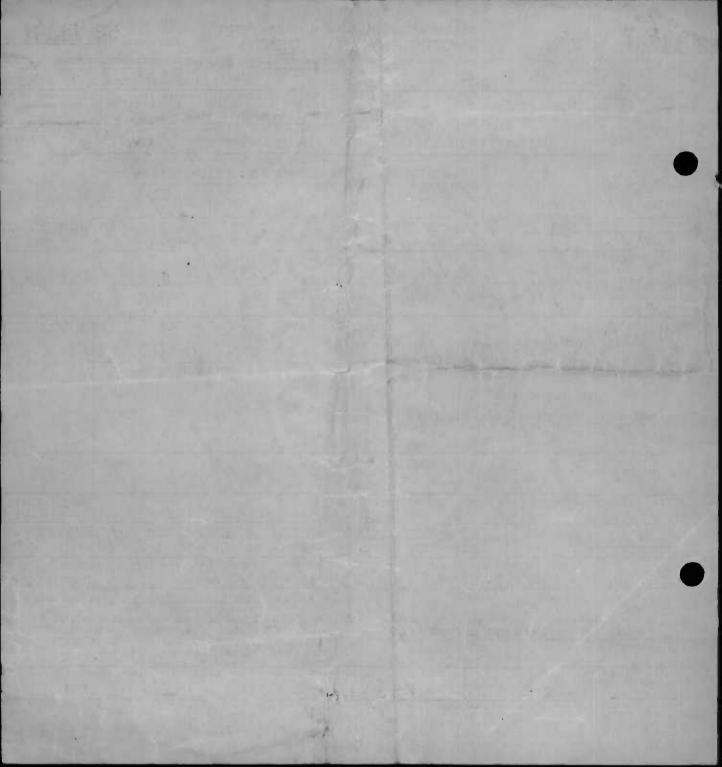
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 11360

	RTH NO.	0			CERTIFICATI	E OF DEATH	Registered	No
	NAME OF D	FOLICED						
T)	ype or Print)	ECEASED	Jam	es Al	nern	5 106 011	2. DATE OF DEATH 12	/13/52
A.	Baltimore (City, Maryla				A. STATE	CE (Where deceased lived, I B. COUNTY	If institution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not	in hospital	l or instit	ution, give street address or location) AVE	c. CITY OR TOWN	(If outside corporate lim	ita, write AURAL and give township)
	Edgewo	od Nurs	ing .	Home	6000 Bellons	200202	re (If rural, give location)	U U LOWISHIP)
_	Length of s				years Mos.	1734 E.2	25th St.	
	SEX M	6. COLOR OF		7. SINGI WIDO W	LE, MARRIED, WED, DIVORCED (Specify)	12/18/66	9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hours Jonths Days Hours Min.
Wor	A. USUAL OC done during most of Oreman	of working life, ever	if retired)	10в. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Star	te or foreign country)	12. CITIZEN OF WHAT COUNTRY?
1	FATHER'S			1 . 11.	* 9	MASS. 14. MOTHER'S MAID	EN NAME	
		as Aher				Mary Ot	rien	
15 (Ye	s, no or unknown)	ED EVER IN U.	S. ARMED or or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
_						Mrs. Elmer J	Willis 1734	
	1B. 33/					OF DEATH	Λ	ONSET AND OEATH
	DISEAS	LEADING T	O DEATE	IRECTL'	tool	sno Toon	11 MA Facino	210001
	heart failu	not mean the	niode of	dying, e	ase.	oux stevi	worning	Ducens
	injury or	complication			th.) OUE TO	- 0	,	
z		ANTECEDEN			(B) Usel	MO SCH	eroses	1 year
OF.	RISE TO T	S OR CONDIT THE ABOVE CAL YING CONDIT	JSE (A) S	STATING '	THE OUE TO			
ERTIFICATION	ONDERL	TING CONDI	TON LAS		(C)	***************************************	*********************************	***************************************
본		11						
ER.	TRIBUTING	TO THE OEAT	H. BUT N	OT RELA	TEO			
O	100	F OPERATIO			R FINDINGS OF OPER	ATION		1 20. AUTOPSY?
SAL	100.0012							YES NO
IEDICAL		ENT WAS UI R CONTRIBU DEATH			LACE OF INJURY (e. g., le, farm, factory, street, office bldg.,		(If in Baltimore City,	, give exact location)
	210. TIME OF INJURY	(Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID IN	NJURY OCCUR?	
		-14/2		m.	WHILE AT NOT WHILE AT WORK		9	1 0
					e deceased from Na			that I last saw the
	deceased a		10-	1927		red at m., fr	rom the causes and on	the date stated above.
	ZJA. SIGNA	Contract Con	Gill	Ha	ell MI DM. D.	163/8-N	orthe ave	Del - 15-57
2.	4A. BURIAL.		DATE		24c. NAME OF CEMETE	RY OR CREMATORY 2	4D. LOCATION (City, tow	n, or county) (State)
	Burial	12	2/17/	52	Parkwood		Baltimore	Md.
	ATE RECEIVE		STRAR'S	SIGNAT	TURE	25. FUNERAL DIREC	TOR	ADDRESS
	ULU 15	1952 +	1:	too	MIL: CHAR M.D.	placence J.	Hollmann 1	.639 Broadway

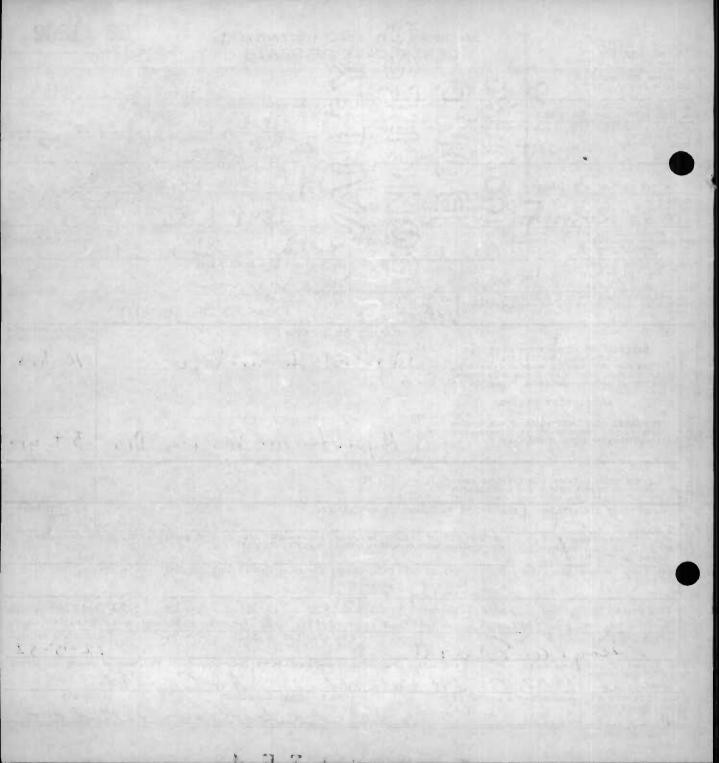
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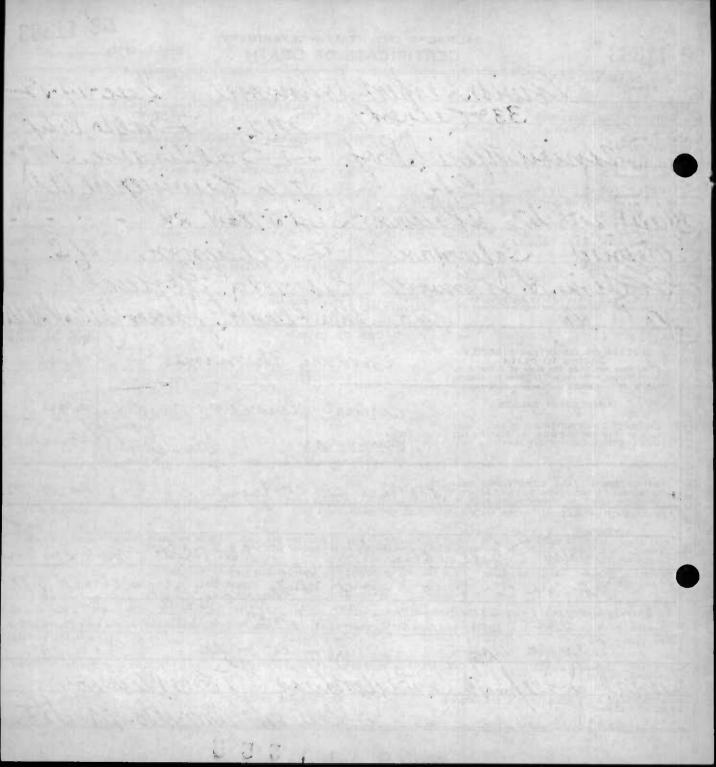


52 11362 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	CERTIFICA	TE OF DEATH	Registered 1	NO
1. NAME OF DECEASED (Type or Print)	Quen Herse	_	2. DATE OF DEATH	c.14.1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	0 0880	4. USUAL RESIDENCE (Where deceased lived, If B. COUNTY	institution: residence before admission)
	spital or institution, give street address locatio	or Md.		
	OPKINS HOSPITAL	c. CITY OR TOWN,	If outside corporate limit	ts. write RURAL and give township)
	Yrs	D. STREET ADDRESS (I	f rural, give location)	
c. Length of stay in Baltimore	Mos	15 UD M-	001	st.
5. SEX 6. COLOR OR RAG		8. DATE OF BIRTH	9. AGE (in years last birthday) Mo	Under I Year If Under 24 Hours Hours Min.
male Colored	beirram	1897	55	Jirdis Dajs Hours Milli
10A. USUAL OCCUPATION (Give kin work done dating man of working life, even if reti	nd of 10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
- garages		houch caro	luna	
13. FATHER'S NAME	2000	14. MOTHER'S MAIDEN N	IAME	?
15. WAS DECEASED EVER IN U. S. AR	MED FORCES? 16. SOCIAL	Messegeam		
(Yes, no or unknown) (If yes, give war or	dates of service) SECURITY NO.	. ICADAR LICA	PKINS HOSPITAT	DDRESS
18. 1/1/3×		OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITIO	N DIRECTLY	1		ONSET AND DEATH
(This does not mean the moo	e of dying, e.g., (A) Ce ve	bral Hemorrh	rage	10 hrs
heart failure, asthenia, etc. It is injury or complication which	means the disease,		The second second	
ANTECEDENT CA	AUSES			
Z DISEASES OR CONDITIONS	S, IF ANY, GIVING			***************************************
RISE TO THE ABOVE CAUSE UNDERLYING CONDITION	(A) STATING THE DUE TO	pertensive Va	soula. Du	3 + 20 VS
0	(c)	, , , , , , , , , , , , , , , , , , , ,	scoiw Ji	
DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE UNDERLYING CONDITION UNDERLYING CONDITION II OTHER SIGNIFICANT CON	NDITIONS CON-			
TRIBUTING TO THE DEATH, B	SUT NOT RELATED	***************************************		
19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OP	ERATION		20. AUTOPSY?
CA	Late by ACC OF INVENTY (t l 21c WHERE DID	(If in Daltimone City	YES NO NO
21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH			(If in Baltimore City,	give exact location;
21D. TIME (Month) (Day) (You of INJURY			RY OCCUR?	
	m. WHILE AT NOT WHI			
	attended the deceased from	12 14 , 1952, to		3, that I last saw the
deceased alive on 2	4 , 1952, and that death occ			he date stated above.
Jense O (· Educado va	23B. JOHNS HOPKINS	HOSPITAL	12-15-52
24A. BURIAL, CREMA- 24B. DAT TION REMOVAL (Specify)	E 24c. NAME of CEME	TERY OR CREMATORY 24D.	LOCATION (City, town	or county) (State)
Burel 12/1	7/52 Mt. Calve	211 A.1	4. Co. Mc	1.
DATE RECEIVED BY REGISTR.	AR'S SIGNATURE	25. FUNERAL DIRECTOR	10	ADDRESS
DEC 1 5 1952 1-1	- ton Milions M.D	(Karles K.	daw, 802,	Mad. Ave.
VS 150	0	n 60		
II.	= = = = = = = = = = = = = = = = = = = =	77 7 E A		





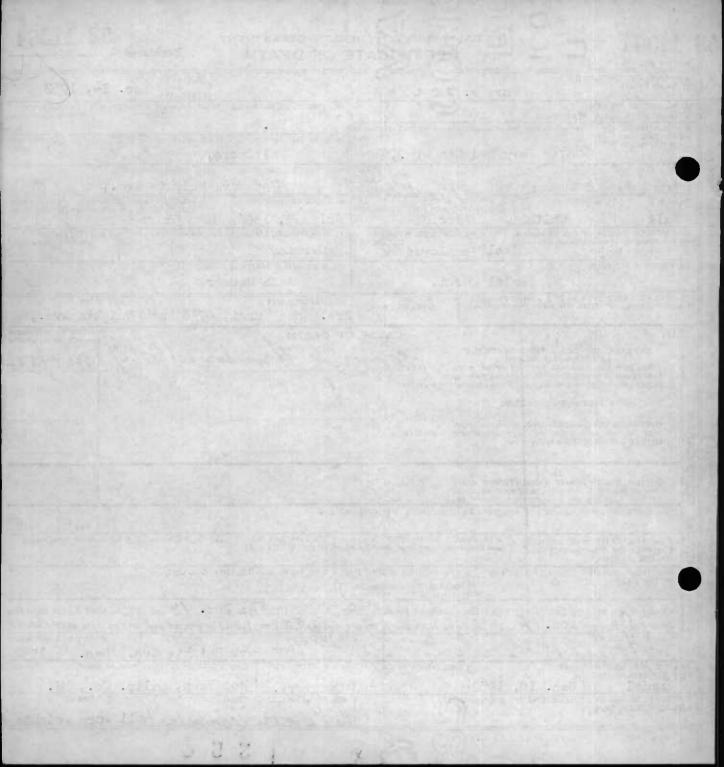
BALTIMORE CITY HEALTH DEPARTMENT

52 11364

BIRTH NO.	CERTIFICATI	E OF DEATH	Registered N	0
1. NAME OF DECEASED			10.54	
(Type or Print) Henry	W. Wurst		DEATH	14, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENC	E (Where deceased lived, If in B. COUNTY	institution: residence before admission)
B. FULL NAME OF (If not in hospital or in	astitution, give street address or	9.73	2. 0001111	A A
HOSPITAL OR INSTITUTION	location)	c. CITY OR TOWN	(If outside corporate limits	
4748 Park H	eights Ave.,	Baltim	ore,	(township)
	Yrs.		(If rural, give location)	
c. Length of stay in Baltimore 29	years Mos.	4748 P	Park Heights Ave.	• •
5. SEX 6. COLOR OR RACE 7. S	INGLE, MARRIED, IDOWED, DIVORCED (Specify)	8. OATE OF BIRTH	9. AGE (In years li last birthday) Mo	Under 1 Year if Under 24 Hours nths; Days Hours Min.
Male White	Married	July 17, 1896	56	July July Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR	11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF
Shoemaker sel	f-employed INDUSTRY	Germany		WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME	
Daniel	Wurst,	Anna He	user,	
15. WAS DECEASED EVER IN U. S. ARMED FORCE	ES? 16. SOCIAL	17. INFORMANT	ΔΓ	DDRESS
(Yes, no or nnknown) (If yes, give war or dates of serv	security No.		t, 4748 Park He:	
100 11 00 - 1			0, 1, 10 -01-12 1101	INTERVAL BETWEEN
DISEASE OR CONDITION DIREC		OF DEATH	, 11 +	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dyin	tom	cary therm	choses (KIRCL)	DEC 4/57
heart failure, asthenia, etc. It means the	disease,			
injury or complication which caused	death.) DUE TO			
ANTECEDENT CAUSES				
O DISEASES OR CONDITIONS, IF ANY,	GIVING (B)	***************************************		******
RISE TO THE ABOVE CAUSE (A) STATE	NG THE DUE TO			
0	(C)			
DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATE UNDERLYING CONDITION LAST.				
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R	CON-			
TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS	ING IT.			
J 19A. DATE OF OPERATION 19B. MA	AJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
<u> </u>				YES NO
U 21A. ACCIDENT WAS UNDER- 21E about UNDER- CAUSE OF DEATH	3. PLACE OF INJURY (e. g., in home, farm, factory, street, office bldg., e	te.) 21c. WHERE DID 10c.) INJURY OCCUR?	(If in Baltimore City, g	ive exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F. HOW DIO IN	JURY OCCUR?	Maria de la companya della companya
OF INJURY	WHILE AT NOT WHILE			
00.77	m. WORK AT WORK	1 44	Da 146 51	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
22. I hereby certify that I attended	the deceased from	3500	Dec. 14, 1952	that I last saw the
deceased alive on Dec. 14, 19		red at J. J. E. Pm., fro	om the causes and on th	e date stated above.
1000	lest.		le Wodelander Assa	1.00
24A. BURIAL, CREMA- 24B. DATE	24c. NAME OF CEMETE	RY OR CREMATORY 24	k Heights Ave.	Dec. /3 1952 or county) (State)
TION, REMOVAL (Specify)				
DATE RECEIVED BY REGISTRAR'S SIG	NATURE WOOdlawn	Cemetery. W	oodlawn, Balto.	ADDRESS
LOCAL REGISTRAR	The Hill areas 1			
DE 0 1 9 193V	A	6. Cermonx	esmmon. 4611	Park Heights

, o J f 2015 1 1 3 5 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.



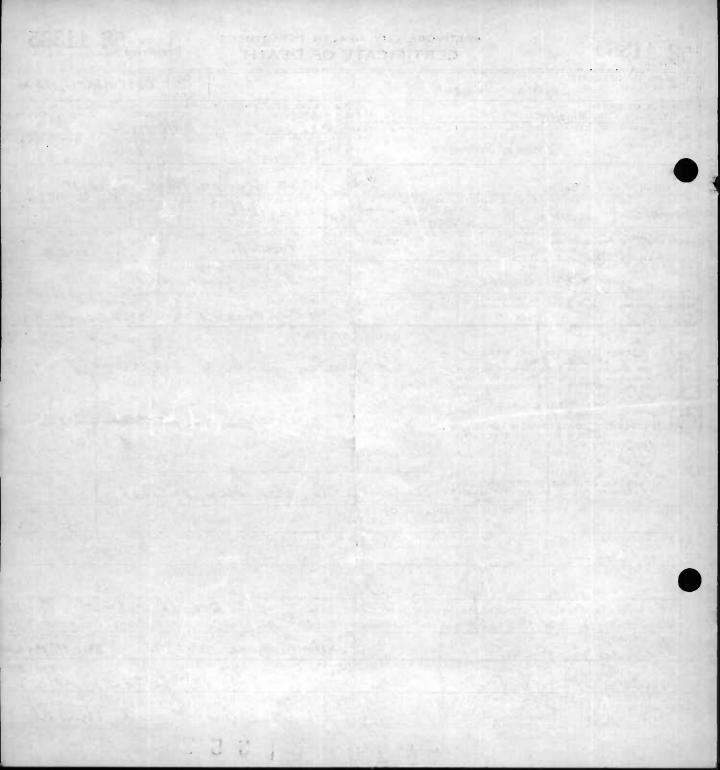
120 52 11365 BIRTH NO.	BALTIMORE CITY HE CERTIFICATE		Registered No	2 11365
1. NAME OF DECEASED (Type or Print) Sophie 7.	abeck		2. DATE DECEM	ber 15,1952
S. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or ins HOSPITAL OR INSTITUTION) Memorial Inc.	stitution, give street address or	A. USUAL RESIDENCE (WA. STATE Maryland C. CITY OR TOWN (If		before admission)
6. In WI	Yrs. Mos. Days NGLE. MARRIED. DOWED, DIVORCED (Specify)	D. STREET ADDRESS (If) 3728 Clayin 8. DATE OF BIRTH April 23, 1882	H Road Bar	
	WIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Polund) 14. MOTHER'S MAIDEN NA		2. CITIZEN OF WHAT COUNTRY?
David Gyzenwald			senvell	
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT MY Max Amboo		Clonafy Rd -
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the cliniury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.	TLY (a) Perhisease, death.) DUE TO (B)	rated gasti	e uleer	INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RI TO THE DISEASE OF CONDITION CAULING 19A. DATE OF OPERATION 19B. MA	ELATED anderes	elevotes hes	entdream	20. AUTOPSY?
	PLACE OF INJURY (e. g., in nome, farm, factory, street, office bldg., e	or 21c, WHERE DID (I-	f in Baltimore City, giv	yes No No ve exact location)
22. I hereby certify that I attended deceased alive on Dec 16, 19 9	the deceased from Dec	- 14 £1952; to £	he causes and on the	that I last saw the date stated above. 23c. DATE SIGNED 02c/5/432
24A. BURIAL, GREMA: 24B. DATE TION, REMOVAL (See 1) // / / / / / / / / / / / / / / / / /	24c. NAME OF CEMETER	28. FUNERAL DIRECTOR	OCATION (City, town, or	COUNTY) (Stat)

VS 150

DATE RECEIVED BY

Physicians: please write the causes of death clearly and legibly.

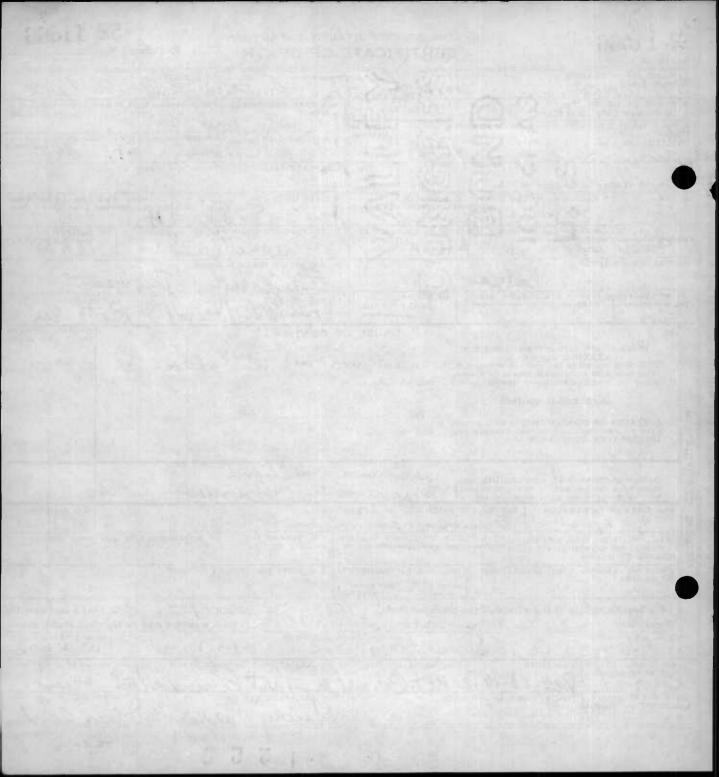
correct age is especially important.



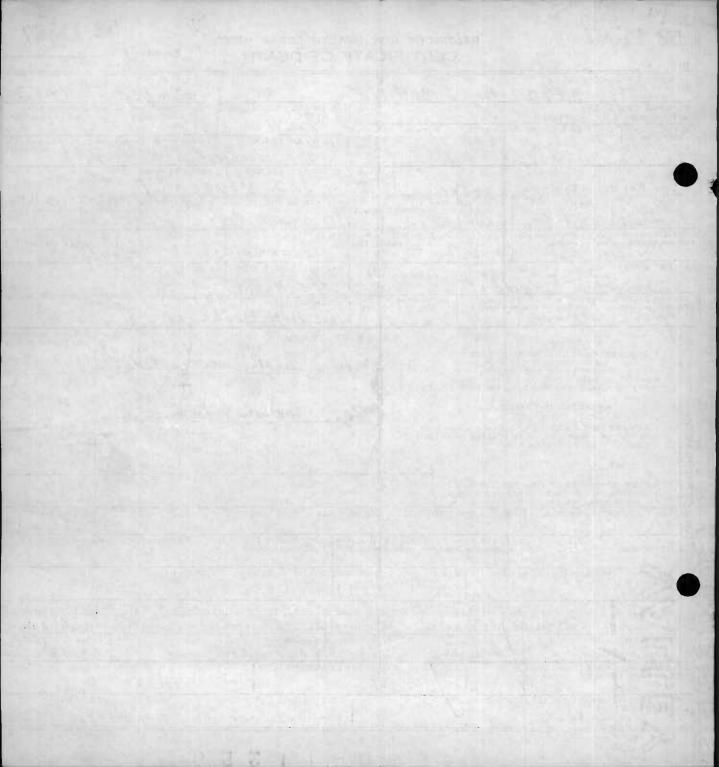
E 20			
P. 13			59 44 300
52 11366	BALTIMORE CITY H	EALTH DEPARTMENT	52 11366
BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No.
1. NAME OF DECEASED	15.100	known as: 2.	DATE
(Type or Print) MYRTLE	110 MLA	= (=:5:5:41)	OF 14 1000 (550
3. PLACE OF DEATH:	e in the traps	4. USUAL RESIDENCE (Where	deceased lived. If institution: residence
A. Baltimore City, Maryland		A. STATE	B. COUNTY before admission
HOSPITAL OR	nstitution, give street address or location)		ide corporate lights, write RUPAL and giv
INSTITUTION	- 0V 9	C. C	township
sinen Mag. of	Yrs.	D. STREET ADDRESS (If rura	, give location
Length of stay in Baltimore	Mos.	415 5.11	A/0 57.
	Days SINGLE, MARRIED,		AGE (In years If Under Year If Under 24 Hours
	VIDOWED, DIVORCED (Specify)		last birth lay) Months Days Hours Min
10A. USUAL OCCUPATION (Give kind of 10B	KIND OF BUSINESS OR	Fact 5-10/0	737
work denefluring most of working his, even if retired)	KIND OF BUSINESS OR INDUSTRY	1. BIRTHPLACE (State or foreig	n country) 12. CITIZEN OF WHAT-COUNTRY
13. FATHER'S NAME	Comme.	marylan	-9. MINA.
b. L.		14. MOTHER'S MAIDEN NAME	77
- Keis	ey.	Zli Kaketh	Vestron
15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no or unknown) (If yes, give war or dates of ser	CES? 16. SOCIAL vice) SECURITY NO.	17. INFORMANT	ADDRESS /
710		Hospy. ILEW	do - Betto . rus.
18. 153 X and 260	X CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRE	CTLY		ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying	ng, e.g., (A) Cara	moma of Col	m Sman
heart failure, asthenia, etc. It means the injury or complication which caused	disease, death.) DUE TO	0	
ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.	GIVING	***************************************	
UNDERLYING CONDITION LAST.	1		
0	(C)		
OTHER SIGNIFICANT CONDITION	Disaluche	s mellikus	
TRIBUTING TO THE DEATH, BUT NOT I	RELATED 7/	and maker in the	whice C.V. dis.
U TO THE DISEASE OR CONDITION CAUS			
1 0/2 0 5	AJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDER. 21	B. PLACE OF INJURY (e. s. i	in or 21c. WHERE DID (If in	YES NO L
L. I TIMOL ON COMINIBULING	t home, farm, factory, street, office bldg.,		Baltimore City, give exact location)
Σ CAUSE OF BEATH			
210. TIME (Month) (Day) (Year) (House			CUR?
	m. WHILE AT NOT WHILE		
22. I hereby certify that I attended	d the deceased from 5/3	5/52 19 , to /2/	14 , 19 2, that I last saw th
deceased alive on 12/14, 191	and that death occur	rred at 7 Pm., from the co	auses and on the date stated above
231 SIGNATURE	7 / 2	SE ADDRESS 9	23C. DAJE SIGNED
1 Jojace CO.V	duntom. D.	Jun / Hays.	15 the 12
24A BURYAL, CREMA- 24B. DATE TION REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 240 LOCA	TION (City, town, or county) State)
Burial Vec. 18-19	12 Mt. Carrus	2/ Develery 8/ 20	merton med.
DATE RECEIVED BY REGISTRAR'S SIG	NATURE	25. FUNERAL DIRECTOR	ADDRESS /
DECT 5 1952 Thurtings	on Wellieus M.	Heury Varre	ing Ever Cour Charles

VS 150

Physicians: please write the causes of death clearly and regibly.



VS 150



VS 150

DATE RECEIVED BY

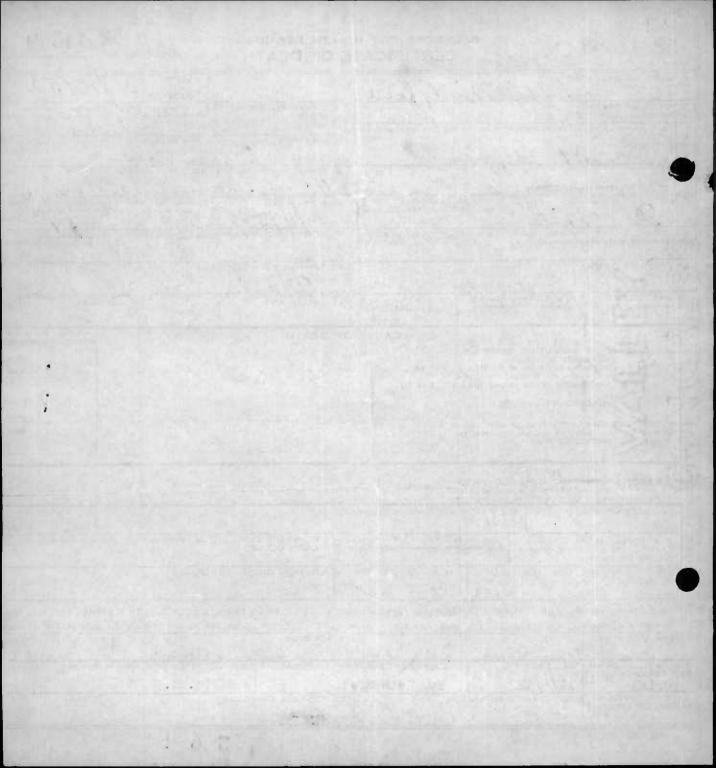
LOCAL REGISTRAR

DIRECTOR

25 FUNERAL

ADDRESS

Len ent want - It 10 10 1 m 20 m



300 52 11370 BIRTH NO.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

52 11370

BIRTH NO.	CERTIFICATE OF I	DEATH Register	ed No
1. NAME OF DECEASED (Type or Print) LESLIE KYT	E	2. DATE OF DEATH	12/13/52
B. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or instited by the control of the control	tution, give street address or location)	L RESIDENCE (Where deceased live B. COUNT	d. If institution; residence before admission limits, write RURAL and give
g' many	land Yrs. Mos.	T ADDRESS (If rural, give location	township
	Days 3 4/	OF BIRTH 9. AGE (In year last birthday	TS If Under 1 Year If Under 24 Hours Min.
IOA. USUAL OCCUPATION (Give kind of work dope during most of works) life, even in tired)	ND OF BUSINESS OR II. BIRT	IPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME JAMES F. KYTE	EDN	IER'S NAIDEN NAME A HAMMER	
(Yes, no or onknown) (If yes, give war or dates of service)	SECURITY NO.		451 YORKWAY
DISEASE OR CONDITION DIRECTI LEADING TO DEATH (This does not mean the rade of dying, heart failure, asthenia, etc. It means the dis injury or complication which caused de	ease.	rin-Barré Sandrome	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES O DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. II	VING THE DUE TO		
COTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELL TO THE DISEASE OR CONDITION CAUSING	ATED		
19A. DATE OF OPERATION 19B. MAJO	DR FINDINGS OF OPERATION		20. AUTOPSY?
21A. ACCIDENT. SUICIDE, Boothon (Specify)		WHERE DID (If in Baltimore C RY OCCUR?	ity, give exact location)
OF INJURY (Month) (Day) (Year) (Hour) m.	WHILE AT NOT WHILE	OW DID INJURY OCCUR?	
	2 and that death occurred at	, 19 51, to , 1 1. m., from the causes and o	
23A. SIGNATURE 23A. BURGAL, CREMA: 24B. DATE TON BURGAL, CREMA: 24B. DATE	238. ADERE 238. ADERE 24C. NAME OF CEMETERY OF CRE	MATORY 24D. LOCATION (City, t	23c. DATE SIGNED 12/13/52 own, or county) (State)
BURING DEC 16-1950 DATE RECEIVED BY REGISTRAR'S SIGNA		COL FATE	MD ADDRESS 2/12
DEC 16 10 Tartuntington V	Miaus M. VILRIO	H FUNERAU Home	

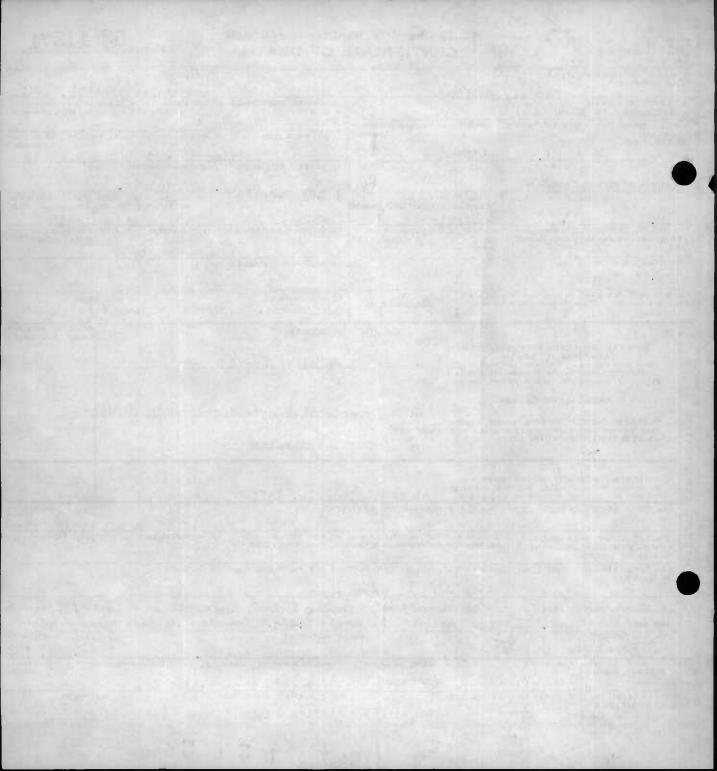
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correct age is especially important. Physicians: please write the causes of death clearly and regibly.

BALTIMORE CITY HEALTH DEPARTMENT

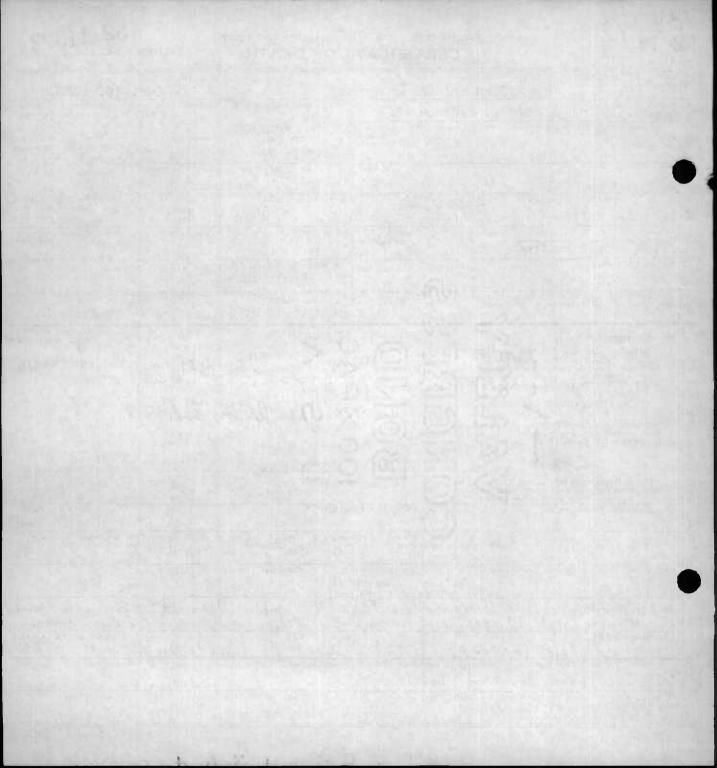
	RTH NO.	1. 1.		CERTIFICAT	E OF DEATH	Registered	No
1.	NAME OF D	ECEASED				2. DATE	
	'ype or Print)	Kappel	Phili	ip d		OF DEATH Decem	
	Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE A. STATE	(Where deceased lived, In B. COUNTY	f institution : residence before admission
В.	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or location)			
16	KITUTION			location)	c. CITY OR TOWN	(If outside corporate limi	ts, write RURAL and give
	<u> </u>	St. Jo	seph's	Yrs.	D. STREET ADDRESS (-10
	Length of s	tay in Baltimore		Mos.			
-	SEX	6. COLOR OR RACE		Days E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours
	M.	W.		ried (Specify)	August 5, 1888	last birthday) M	onths Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or		12. CITIZEN OF
St	ationary	engineer	Cloth	ning factory	Rol+:	more County	WHAT COUNTRY
13	FATHER'S	NAME		141	14. MOTHER'S MAIDEN		
	Philip F	Kappel			?		
15 (Ye	NO .	D EVER IN U.S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No.				Gordon Hoffeld	North Point &	Marritt Lane
	18. 420	11		CAUSE	OF DEATH		ONSET AND DEATH
	DISEAS	E OR CONDITION					
	(This does heart failu	not mean the mode ore, asthenia, etc. It mea	f dying, e. s	(A)Myoc	ardial infarction	n	
	injury or	complication which c	aused death	L) DUE TO			
_		ANTECEDENT CAUS	ES	***		and another one	24.
ő		OR CONDITIONS, I		iG **	rtensive arterio	SCIEFOULC Car	-G.I.O
A		HE ABOVE CAUSE (A)			ular disease		
5				(C)			********
RTIFICATION	OTHER S	II IGNIFICANT CONDI	TIONS CON				
CEF	TRIBUTING	TO THE DEATH, BUT	NOT RELATE		plegia, left		
				FINDINGS OF OPER			20. AUTOPSY?
Q.A.		~					YES NO
EDICAL		ENT WAS UNDER-		ACE OF INJURY (e. g., in farm, factory, atreet, uffice bldg., e		(If in Baltimore City,	give exact location)
M	CAUSE OF		(TY)	A IN HIDY OCCUPA	5D 01- 110W B1D 11111		
	OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRING NOT WHILE		RY OCCUR?	
			m.	WORK L AT WORK		-1	10
					cember 12, 1952, toD		
	23A. SIGNA	ture on Dec. 14	, 19.52.		rred at 6:45a.m., from	the causes and on t	he date stated above
	X	. / .	Fritz		U.OO N. Caroline	St	Dec. 14. 152
2.	AA. BURIAL. C	REMA- 24B. DATE			RY OR CREMATORY 24D.		or county) (State)
	Burial	Dec. 17,	1952	Moreland Mer	morial Park Pa	rkville Md.	
	ATE RECEIVE		SIGNATI	JRE	25. FUNERAL DIRECTOR	3.2	ADDRESS
	DECLE	1000 Huntin	ston /	Migus M.P.	Ullrich Funeral	Home 2008 Or:	leans St.
	VS 150	1332)	-7.5			
11		AL RESIDENCE		20 50	4613	6 3	
		The American	1	0 6 7	_ 11		



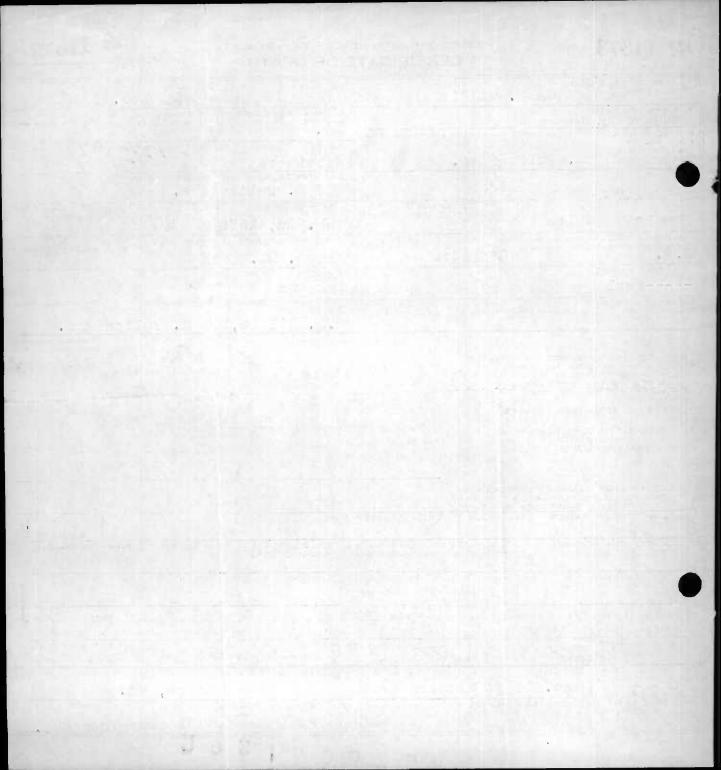
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 11372 Registered No.

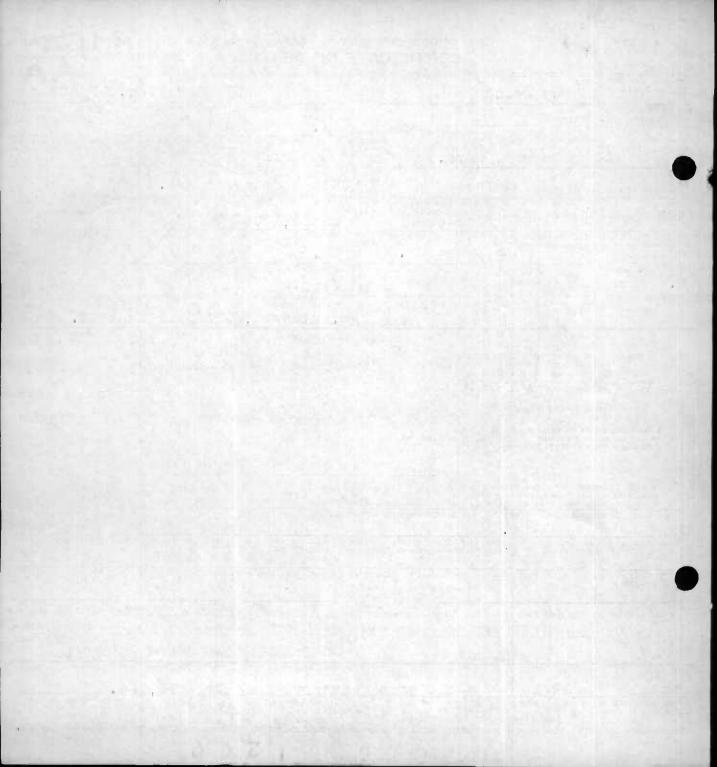
BI	RTH NO.			CERTIFICATI	E OF DEATH	Registered	110
1.	NAME OF D	ECEASED				2. DATE	
(Type or Print) JOHN REIDER				REIDER		DEATH Dec.	14, 1952
3. A.	PLACE OF D Baltimore (EATH: City. Maryland 23	2 E. M	adison St.	4. USUAL RESIDENCE A. STATE		
В.	FULL NAME			tion, give street address or	Maryland	i	
IN	STITUTION			location	F3	(If outside comprate lim	its, write RURAL and give township)
18	C)				Baltimore	1	2
				Yrs. Mos.	D. STREET ADDRESS	If rural, give location)	
		tay in Baltimore		Days	2232 E. Mad		
5.	SEX	6. COLOR OR RACE		E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	If Under 1 Year I Under 24 Hours Jonths Days Hours Min.
	ale	White	Wide	owed	Aug. 10, 1879	83	
1C	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KINI	O OF BUSINESS OR	11. BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF
(Office wo	rker retired		INDUSTRI	Maryland		WHAT COUNTRY
13	FATHER'S	AME			14. MOTHER'S MAIDEN	NAME	
	John Re	eider			Don't know	1	
15	. WAS DECEASE	D EVER IN U.S. ARMEI	D FORCES?	I 16. SOCIAL	17. INFORMANT		ADDRESS
N	e, no or naknowa)	(If yes, give war or date	es of service)	SECURITY NO.	Miss Viola M.		
	/				MIDD TIOLE M.	eldel kkok .	
	18. 420),		CAUSE	OF DEATH		ONSET AND DEATH
	DISEAS	SE OR CONDITION		Pal	A	1.	7 6.11
	(This does	not mean the mode	of dying, e.	E., (A) LOY,	onary UCC	clusion	sundly
	injury or	re, asthenia, etc. It mes complication which	ans the disea caused dcat	se, h.) DUE TO			
		ANTECEDENT CAUS	CEC		onary Occuration		2
Z		ANTECEDENT CAO.	323	(B) Thre	rabized UNTER	THE COPPOSE	2
TION	DISEASE	S OR CONDITIONS, I	F ANY, GIVI	NG HE DUE TO			
AT	UNDERL	YING CONDITION L	AST.	HE DOE TO			
ERTIFICA							
Ē		11		(C)			
ER		SIGNIFICANT COND					
U		F OPERATION 1		IT	17101		L CO ALLTONOVA
7	ISA. DATE C	OF OPERATION O	19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
Ú	21A. ACCIDE	NT, SUICIDE.	218. PL	ACE OF INJURY (e.g., in	or 2 Ic. WHERE DID	(If in Baltimore City,	
MEDICAL	HOMICIDE	(Specify)		farm, factory, street, office bldg., e			
Σ	215 71145	(Month) (Day) (Year	\ (Wann)	21E. INJURY OCCURRI	ED 21F, HOW DID INJU	IDV OCCUDA	
	OF INJURY	(Month) (Day) (Tear)	(ILOUIT)	WHILE AT NOT WHILE	= ZIF. HOW DID INSC	JRT OCCOR?	
			m.	WORK AT WORK		A	
	22. I hereb	y certify that, I att	tended the	deceased from Ftb	4 , 1952, to	Uea 14, 195	2, that I last saw the
		live on Sept 1	0,1952.	and that death occur	red at 10 A.m., from	n the causes and on	the date stated above.
	23A. SIGNA	TURE D	1	2	3B. ADDRESS	1 11	23c. DATE SIGNED
			Kern		2200 E V	radisph pt	1 12/15/52
2. TI	4A. BURIAL, (S	CREMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D	. LOCATION (City, tow.	n, or county) (State)
Bu:	rial	Dec. 16	, 1952	Baltimore		Baltimore, Md	
D	ATE RECEIVE	D BY REGISTRAR	SSIGNAT	URE	25. FUNERAL DIRECTO	R	ADDRESS
L	EC 163	199 Tuntu	yeton !	Velliama M.D.	Ullrich Funeral	Home 2008 Or	leans St.
=	VS 150		Ď ,	The state of the s			
1				74			



52 1	1373	CF	RTIFICAT	E OF DEATH	Registered No.	27013
BIRTH N		<u> </u>		E OF BEATH		
1. NAME (Type or I	of deceased Print) Ida	H. Gillis			2. DATE OF DEATH DEC.	13/52
A. Baltin	of DEATH: nore City, Maryland			4. USUAL RESIDENCE (W)	nere deceased lived. If ins B. COUNTY	titution: residence before admission)
B. FULL M	NAME OF (If not in hos)	oital or institution,	give street address o location		utside corporate limits, w	erita RURAL and give
INSTITUT	10N 207 S. Ful	ton Ave.		Baltimore	19-0	township)
c. Lengtl	h of stay in Baltimore	Life	Yrs. Mos. Days	207 S. Fulton		
5. SEX	6. COLOR OR RAC	E 7. SINGLE, M.	ABBIED	8. DATE OF BIRTH	9. AGE (In years I find	er I Year il Under 24 Hours
Fema.			DIVORCED (Specify	7	9. AGE (In years H Und last birthday) Month	ns Days Hours Min.
	AL OCCUPATION (Give kind ng most of working life, even if retire		BUSINESS OR INDUSTRY	Balto. Md.	eign country) 12	. CITIZEN OF WHAT COUNTRY?
	ER'S NAME	0	10	14. MOTHER'S MAIDEN NA	ME	
				Unknown	171 600	
15. WAS D	ECEASED EVER IN U. S. ARM known) (If yee, give war or do	ED FORCES? 16	SECURITY NO.	17. INFORMANT	ADD	RESS
(SECONITI NO.	Wm.L. Gillis, 20	7 S. Fultor	Ave.
18.	331X .		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION	DIRECTLY		./		ONSET AND DEATH
	LEADING TO DE	ATH	(0)	elral ten	includes	12830'52
hea	is does not mean the mode rt failure, asthenia, etc. It m	e of dying, e.g., eans the disease.	(A)			-
injı	ury or complication which	caused death.)	DUE TO			
	ANTECEDENT CA	USES				
Z			(B)	•••••••••••	***************************************	
DIS	SEASES OR CONDITIONS E TO THE ABOVE CAUSE ()		DUE TO			
A UN	DERLYING CONDITION					
ERTIFICATION NO. SILVE S			(C)	1		
E	II HER SIGNIFICANT CON	DITIONS CON	- (0)			
H TRI	BUTING TO THE DEATH, BU	T NOT RELATED				
19A. D	ATE OF OPERATION		NDINGS OF OPE	RATION		20. AUTOPSY?
A	0					YES NO NO
A A I S	CCIDENT, SUICIDE, CIDE (Specify)		OF INJURY (e.g., factory, street, office hidg.		in Baltimore City, give	exact location)
Σ					,	
	IME (Month) (Day) (Yes JURY	m. Zie.			OCCURY	
22 1	hereby ecrtify that I a				ec 13, 1972,	hat I last says the
decen	sed alive on Dec 15	1952- and	that death occur	rred at 2. m from th	e causes and on the	
23A. S	SIGNATURE	13 - 2. and	that death occa	23B. ADDRESS		3c. DATE SIGNED
	Allust	Lagre		1729 w Lome	and a 4	Dec 15 1952
24A. BUI	RIAL. CREMA- OVAL (Specify)			ERY OR CREMATORY 24D. LO	CATION (City, town, or	county) (State)
Buri		16/52 Lo	udon Parl	Balt	imore. Md.	
DATE RE	CEIVED BY REGISTRA	R'S SIGNATURE		29. FUNERAL PIRECTOR		DDRESS
LOCAL R	EGISTRAR A:	+ Win.	10-5	Land Allistate	4101 Edmond	son Ave.
441	D 1932 Thurten	alors Philes	MAR Mark	wy wunty	- TOT TIGHTOMO	* 9 V++ 110 G
Vs	150		4	001131	0 13	
		1	9 5 2			22 (0.00)



52 11374 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered 1 BIRTH NO 1. NAME OF DECEASED 2. DATE DEATH Dec. 13/52 (Type or Print) May Dolch 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A STATE B. COUNTY A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write AURAL and give INSTITUTION 4134 Edmondson Ave. altimore D. STREET ADDRESS (If rural, give location) Yrs. Life Mos. 4134 Edmondson Ave. c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH If Under 1 Year 7. SINGLE, MARRIED. 9. AGE (In years) last birtbday) Months Days Hours Min. If Under 24 Hours WIDOWED, DIVORCED (Specify) Female May 1,1875 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work doneduring most of working life, even if retired) WHAT COUNTRY? INDUSTRY Levy Hat Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wm. Dolch Jennie 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Wm.Fullwood.3912 Glen Hunt Rd. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH Cerebral Thyrobnia DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION CAL (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID ă about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE I AT WORK 22. I hereby certify that I attended the deceased from the . 1900, to Hees 17, that I last saw the deceased alive on 14 . 19 and that death occurred at 11:29m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24A. BORIAL CREMA 24c. NAME OF CEMETERY OR CREMATORY TION, REMOVAL (Specify) Burial 12/16/52 Baltimore Cemetery Bal timore. DATE RECEIVED BY REGISTRAR'S SIGNATURE 125. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 4101 Edmondson Ave. VS 150 00



	650 52,11375	BALTIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	X 52 Registered No.	11375	
	1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: A. Baltimore City, Maryland	B. OREN	4. USUAL RESIDENCE (V	2. DATE OF DEATH Vhere deceased lived. If ins	-/4-52 titution: residence before admission)	
· 8-		stitution, give street address or location)	C. CITY OR TOWN (IF	outside corporate limits, v	5.	
Sar our	11) W	Yrs. Mos. Days NGLE. MARRIED. IDOWED, DIVORCED (Specify)	1701 Wood.	rural, give location) SIDE (In years If United as Last birthday) Montl	der I Year If Under 24 Hours ns: Days Hours Min.	
Altreio i		arried KIND OF BUSINESS OR INDUSTRY	ma.		CITIZEN OF WHAT COUNTRY	
or death	Deceased Lenne 15. WAS DECEASED EVER IN U. S. ARMED FORC (Yes, no or unknown) (If yes, give war or dates of servi	ES7 16. SOCIAL SECURITY NO.	17. INFORMANT	ما	RESS	
write the causes	18. UH 6 X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO					
p ease	ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIF UNDERLYING CONDITION LAST. ULL	GIVING /	HROSOLEROS ARTERIOSCUEROS			
important. Physicians:	21a. ACCIDENT WAS UNDER. 21E	ELATED STATELY	THROMBOSIS OF	WITRITION AUGRENE LEFT LEFT LEFT LEFT LEFT LEFT LEFT LEF	20. AUTOPSY?	
	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. WHILE AT NOT WHILE AT WORK MORK NOT WHILE AT WORK					
age is especially	23A. SIGNAPORE	2, and that death occur	rred at <u>[15] m., from t</u> 238. ADDRESS 27. 96 NES. A	2-/4, 1953, the causes and on the	date stated above 23c. DATE SIGNED 2-14-52	
correct a	24A. /BORVAL, CREMA- TION REMOVAL (Spacify) DATE RECEIVED BY LOCAL REGISTRAR LOCAL REGISTRAR THE RECEIVED BY LOCAL REGISTRAR	NATURE.	25. FUNERAL DIRECTOR Sease N. Ful	Ball.	DDRESS Will M.	
	VS 150			**)		

Registered No. 11376 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Mrs. Annie Zegar OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland Baltimore Md. A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Bon Secours Hospital Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 2134 Boyd Street Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours! Min. 4/1/89 female Widowed white 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired)
Domestic Work Bon Secours Hospital U.S.A. Baltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Leonard Ellen Mitchell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 2-01-4306 Mrs. Margaret Link - Cousin 18.42011 CAUSE OF DEATH ONSET ANO OEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hemopericardium (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) OUE TO ANTECEDENT CAUSES Ruptured of Myocardial Infarct DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO (C) .. ū OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21c. WHERE DID (If in Baltimore City, give exact location)

218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

OF INJURY NOT WHILE

22. I hereby certify that I attended the deceased from 11 - 2 ? deceased alive on 12 -15, 19 52 and that death occurred at 6:25 Am from the causes and on the date stated above. 23 K. SIGNATURE

23BADDRESS

24A JURIAL, CREMA- 24B. DATE TION REMOVAL (Specify) DATE RECEIVED BY

REGISTRAR'S SIGNATURE LOCAL REGISTRAR

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

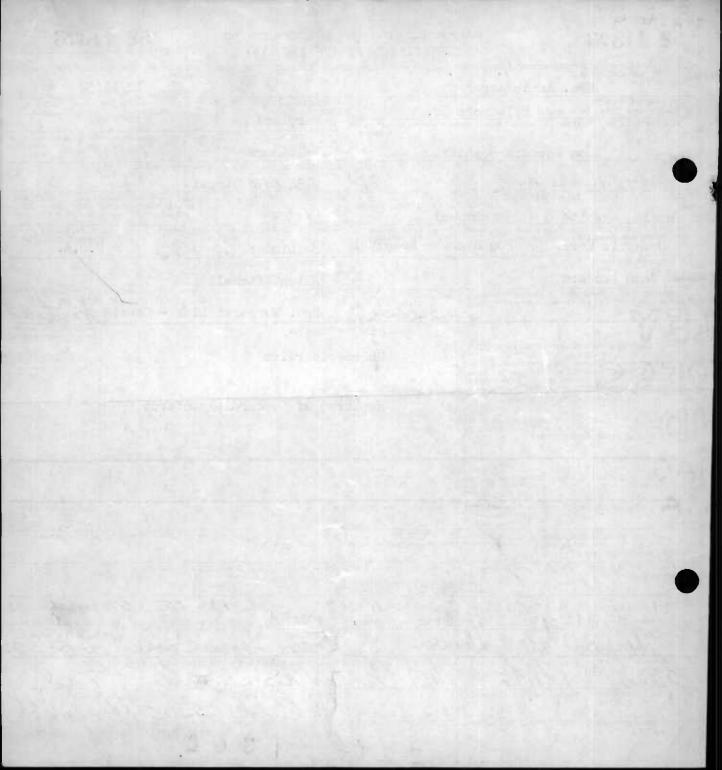
ATION (City town, or county)

19.52 to 12 - 15 , 19.5 2 that I last saw the

23c. DATE SIGNED

ADDRES

VS 150



vs 150 1302

REGISTRAR'S SIGNATURE

DATE RECEIVED BY

LOCAL REGISTRAR

Cook Inc. 1217 St. Paul

ADDRESS

25. FUNERAL DIRECTOR

AND THE PERSON HELD THE PERSON HAD

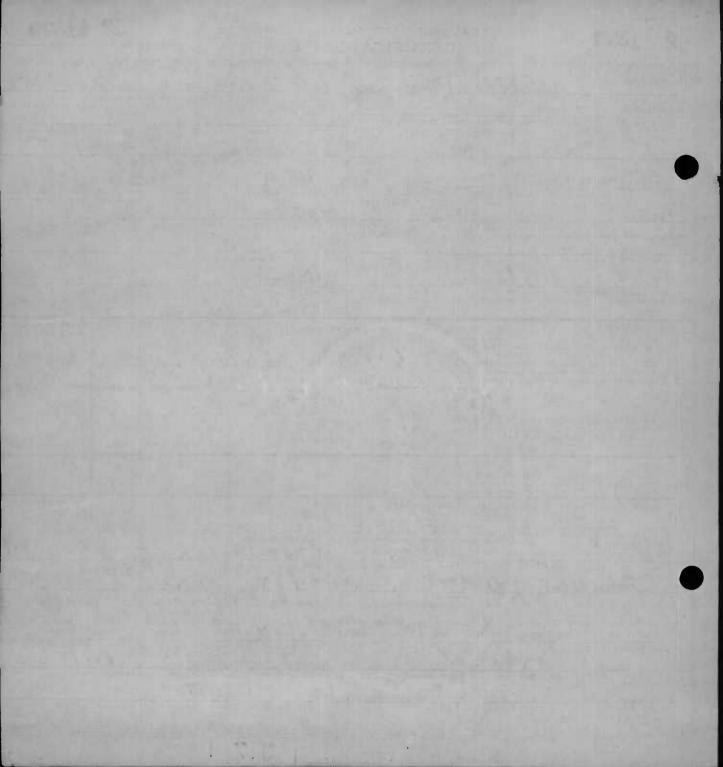
BALTIMORE CITY HEALTH DEPARTMENT

52 11378

Registered No ._ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE AUGUST GUTZAT OF Dec. 14. 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or US Public Health Service C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Hospital Sist Street township) Baltimore Wyman Pk. Drive D. STREET ADDRESS (If rural, give location) Yrs. 32 Mos. 3324 Hayward Ave. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE (MARRIED, WIDOWID, DIVORCED (Specify) Married AGE (In years | 11 Undet | Year | If Under 24 Hours | last birthday) | Months | Days | Hours | Min. 8. DATE OF BIRTH 9. AGE (In years) If linder 74 Hours 12/29/94 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? Russia Shop foreman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME August Gutzat Anna Oberiner 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO Records - US PHS Hospital, Balto, Md. Yes VII & WW2 212-03-9656 20011 CAUSE OF DEATH NTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) Lymphosarcoma with widespread LEADING TO DEATH A mas . (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, metastases injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES X 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-ቨ LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT Dec. 14 19 52that I last saw the Oct. 24 19 520 22. I hereby certify that I attended the deceased from_ 52. and that death occurred at 11:53 m., from the causes and on the date stated above. deceased alive on_ Dec . 1/19 Clinical Director 23c. DATE SIGNED US PHS Hospital, Balto, Md. 12/15/52 J.A. Hunten 24A. BURIAL, CREMA-TION, REMOVAL (Specity) 24B, DATE 24c. NAME of CEMETERY or CREMATORY | 24d. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCALOREGISTRAR Imelington

5 F 103%

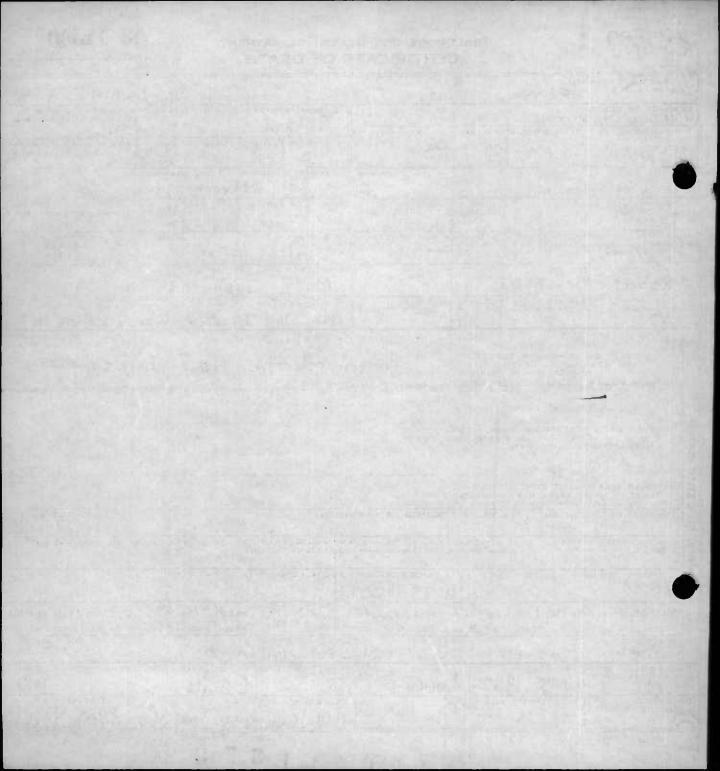
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BALTIMORE CITY HEALTH DEPARTMENT

52 11380

E	IRTH NO.	CERTIFICATI	E OF DEATH	Registered No.			
1 (NAME OF DECEASED Type or Print) Florence	May Bro	o Ks	2. DATE OF DEC.	15,1952		
A	. PLACE OF DEATH: . Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If inst B. COUNTY	itution : residence before admission)		
H	FULL NAME OF (If not in hospital or in lospital or in NSTITUTION Haven Nursing 14515 Ederson Blid	stitution, give street address or location)		outside corporate limits, w	rite RURAL and give township)		
	Length of stay in Baltimore	74 Mos. Days	D. STREET ADDRESS (If r	_			
	Female white wi	NGLE, MARRIED, DOWED DIVORCED (Specify) Single	544. 2,1878	last birthday) Month	Days Hours Min.		
WOI	k done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Balt) City		WHAT COUNTRY?		
1	Robert Browks.		Mary Tren	ME ern l			
1: (Y	5. WAS DECEASED EVER IN U.S. ARMED FORCE es, no or unknown) (If yes, give wer or dates of servi	16. SOCIAL SECURITY NO.	MRS. EHE Brad	ley 4201El			
ERTIFICATION	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the cinjury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIF UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS	(A)	rio scleratic H	eart Disease	ONSET AND DEATH		
L	TRIBUTING TO THE DEATH, BUT NOT RETO THE DISEASE OR CONDITION CAUSE 19A. DATE OF OPERATION 19B. MA		ATION		20. AUTOPSY?		
MEDICA	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B about 1	PLACE OF INJURY (e. g., it come, farm, factory, street, office bldg., e	or 21c, WHERE OID (If	in Baltimore City, give			
-	ZID. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRI WHILE AT NOT WHILE MORK AT WORK					
-	22. I hereby certify that I attended the deceased from 1-15-52, 19, to 12-15-52, 19, that I deceased alive on 12-12, 1952, and that death occurred at 6 7 m., from the causes and on the date ste						
	Nothan Pacusin	м. D.	206 S. Gilma S	r ·	3c. DATE SIGNED		
T	AA. BURIAL CREMAN 24B. DATE ON REMOVAL (Specify)	L COUDON PA	ARK BAL	CATION (City, town, or c	MO.		
	ATE RECEIVED BY REGISTRAR'S SIGN	NATURE N.J.	25. FUNERAL OIRECTOR		DRESS		



VS 150

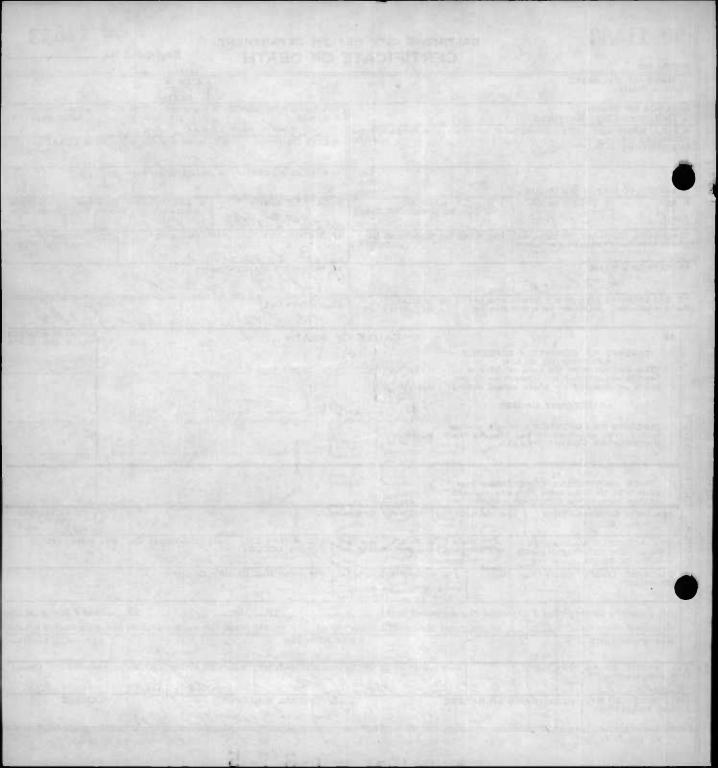
is especially limited thin. Physicians: picase write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

→ 52 11383

8	CERTIFICATE OF DEATH Registered No						
1	NAME OF DECEASED Lorles Dec	2. DATE OF DEATH (2/15/52					
_A	B. PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STAPE B. COUNTY before admission)					
-	I. FULL NAME OF (If not in hospital or institution, give street address or IOSPITAL OR location)						
	Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location)					
8	6. COLOR DR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under I year last birthday) Months: Days Hours Min.					
1 wo	OA. USUAL OCCUPATION (Givekind of rk done during most of working life, even if retired) JNDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
1	3. FATHER'S NAME SLOYE Due	14. MOTHER'S MAIDEN NAME					
1 (Y	5. WAS DECEASED EVER IN U.S. ARMED FORCES? os, no or unknowo) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17 INFORMANT ADDRESS PARA					
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	DE Rhemolie Cordits In Rhemolie Cordits					
CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
ÄL	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	20. AUTOPSY? YES ND					
MEDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., e						
É	OF INJURY OCCURRING WHILE AT NOT WHILE	Palignament and parties and the state of the					
	22. I hereby certify that I attended the deceased from 19, to 19, that I last saw the						
	deceased alive on 12/15, 1952, and that death occur 23A. SIGNATURE 23A. SIGNATURE 23A. D. 2	rred at 9 m., from the causes and on the date stated above. 3B. ADDRESS 23C. DATE SIGNED					
-	AA. BURIAL, CREMA- 10N REMOVAL (Specify) ATE RECEIVED BY OCAL REGISTRAR REGISTRARS SIGNATURE, White the first of the state of the st	RY OR CREMATORY 24b' LOCATION (City town, or county) (State) ADDRESS ADDRESS					
1	Vs V56002	I Amounted					

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wither the causes of death clearly and legibly.

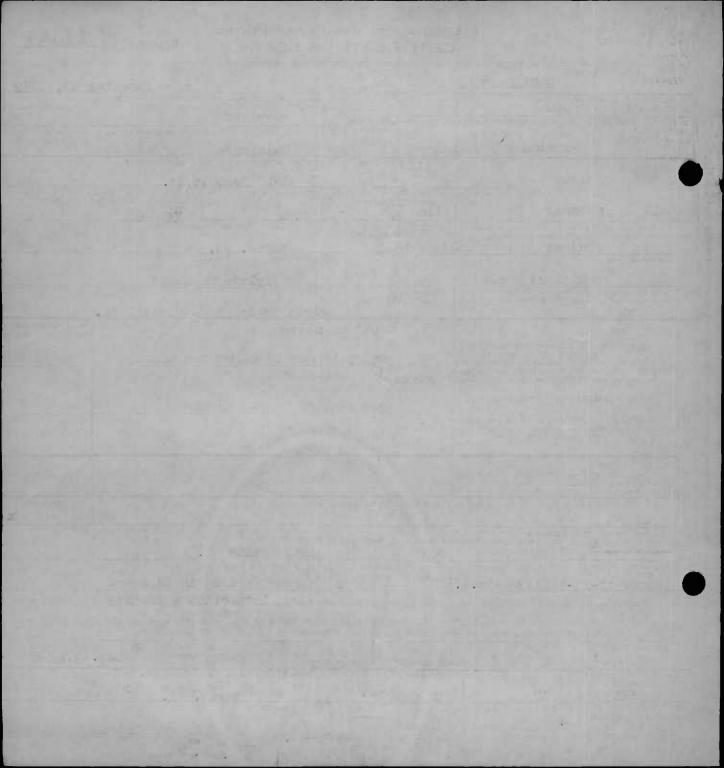
BALTIMORE CITY HEALTH DEPARTMENT

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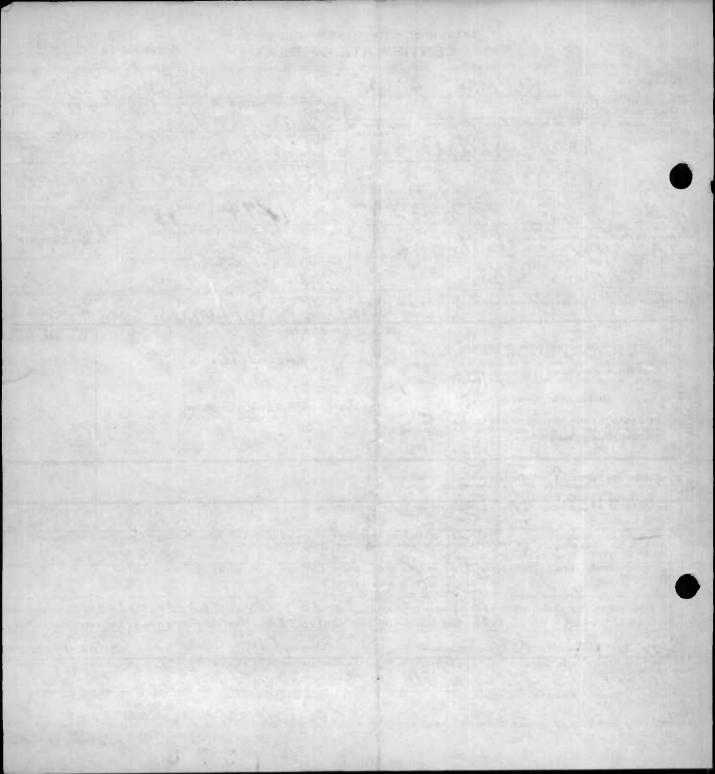
B	RTH NO.	1004		CERT	TIFICAT	E OF DEAT	Н	Registere	d No	
1.	NAME OF D	ECEASED						2. DATE		
r)	ype or Print)		CONRA	D BI	TTNER	- BUTTNER.		DEATH Dec	. 1	3,1952.
3.	PLACE OF D	EATH: City, Maryland	3300	Zahmale	04	4. USUAL RESIDI	ENCE (W		. If inst	itution: residence
	FULL NAME				treet address or	0.09		B. COUNTY		before admission)
	SPITAL OR				location	C. CITY OR TOWN	(If e	outside corporate li	mits, w	rite RURAL and give
11	()						ltimo		0-	township)
					Yrs. Mos.	D. STREET ADDRI	ESS (If r	ural, give location)	
-		tay in Baltimore			Days	33	02 Sc	huck St.		
5.	SEX	6. COLOR OR RA		OWED, DIVO	RCED (Specify			9. AGE (In years last birthday)	If Unde Month	1 Year If Under 24 Hours Days Hours Min.
	Male	White	- 1	Vidowed		Tune 6, 18		85		
wor!	A. USUAL OC	CUPATION (Give kin of working life, even if reti	dof 10B. KI	ND OF BUS	INESS OR	11. BIRTHPLACE	State or for	reign country)	12.	CITIZEN OF WHAT COUNTRY?
	Reti		₩8	atchmar		Baltimo				U.S.A.
13	. FATHER'S	NAME				14. MOTHER'S MA	UDEN NA	ME		
_			ttner		DESCRIPTION OF THE PERSON OF T		Unkn	nown		
15 (Ye	. WAS DECEAS , no or unknown)	ED EVER IN U.S. AR	MED FORCES lates of service)		CIAL CURITY NO.	17. INFORMANT			ADDF	
	No	No				Charles W	. Bit	tner 200	N.	Streeper
	18. 33	1%	SPOUL		CAUSE	OF DEATH				INTERVAL BETOEN
	DISEAS	SE OR CONDITIO	N DIRECTL	.Y	1000		0.0 /		- \	
	(This does	not mean the med	e of dying,	e. g., (A	, AMTO	MIOSCLERO.	545,6	-ENTRALIZ	(7)	10-20/12
	injury or	rc, asthenia, etc. It is complication which	h caused de	ease, ath.) DUE	то					
		ANTECEDENT CA	USES							
Z	DISEASE	S OR CONDITIONS		(B)	*************************************	***************************************	******************************	***************************************	***************************************
I E	RISE TO T	HE ABOVE CAUSE	A) STATING	THE DUE	то					
Y	UNDERL	YING CONDITION	LAST.	(C	.)	0.7.17.7.18.18.0.17.0.17.0.17.0.00.00.00.00.00.00.00.00.00.00.00.00.		**************************		
ERTIFICATION	-34	- 11								
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CE		TO THE DEATH, E		TED	CCMER	BARL HEM	OMAI	4450		241112.
	19A. DATE C	F OPERATION O	19B. MAJ	OR FINDING	GS OF OPE	RATION				20. AUTOPSY?
Q A									- 0	YES NO
IEDICAL	LYING OF	ENT WAS UNDER R CONTRIBUTING DEATH		ne, farm, factory,	NJURY (e. g., street, office bldg.,	in or 21c. WHERE D	R7	f in Baltimore Cit	y, give	exact location)
Σ		(Month) (Day) (Ye	ear) (Hour)	21E. INJL	JRY OCCURR	ED 21F. HOW DID	INJURY	OCCUR?		
	OF INJURY		m.	WHILE AT	NOT WHILE					
	22. I hereh	y certify that I	attended +			NF 25 106	6to L	DEC.13 10	52+1	hat I last saw the
	deccased a	live on DEC. 1	3 1957	= and that	death occu	rred at 8:28 P.	Mon th	e causes and or	n the	late stated above.
	23A. SIONA		11	1. 4		23B. ADDRESS		1	2	3c. DATE SIGNED
	190	Warmen	100	willen	М. D.	121 J. HILH				2/15/52
124 TI	A. BURIAL, ON, REMOVAL (S	CREMA- 24B. DAT		24c. NAM	E OF CEMETE	RY OR CREMATORY	24D. LC	CATION (City, to	wn, or c	county) (State)
_	Burial	12-0-1	6-52.	Mt.	Carmel	Cemetery	5712	O'Donne	11	St. Balto.
	ATE RECEIVE		AR'S SIGNA	TURE .	. 1177	25 FUNERAL DIR	ECTOR ,	, 901 S.	Cô	nkling St.
	Ut 616	1949 Munt	nglow	Vellau	100 140 ju	Charles &	. tu	ley		

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00 Registered R 11385 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) RONALD WOODS DEATH December 13. 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A. STATE Maryland B. FULL NAME OF (If not ir hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Provident Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) life Mos. Length of stay in Baltimore 1920 Herbert St. Days 8. DATE OF BIRTH 6. COLOR OF RACE 7. SINGLE, MARRIED 9. AGE (In years | ff Under 1 Year | ff Under 24 Hours last birthday) | Months: Days | Hours Min. If Undar 24 Hours WIDOWED, DIVORCED (Specify) Male Colored Child 1/2/43 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY work done during most of working life, even if retired) WHAT COUNTRY Student Public School Balto. Md. IISA er : 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME death Richard Woods Svlvia Marshall 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. no Sylvia Woods 1920 Herbert St causes INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Asphyxia due to carbon monoxide (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. poisoning injury or complication which caused death.) DESCRIPTION ANTECEDENT CAUSES 2nd and 3rd degree burns DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO X 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING M OR CONTRIB-UTING G CAUGE OF DEATH. 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 1551 Leslie St. home 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY 12-13-52(1:30 -2am WHILE AT burned in fire in basement About: 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [X suicide [], homicide [], undetermined []. 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER Dec. 13.1952 MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial Calvary Balto. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR unknistors V S 151



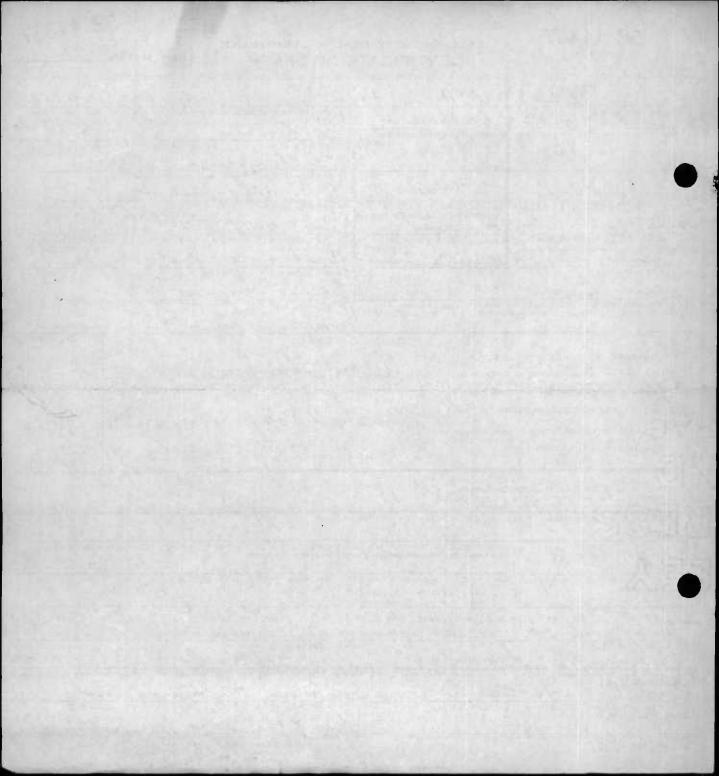
9-520 Registered No. 11386 BALTIMORE CITY HEALTH DEPARTMENT 11386 CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE HERMAN GAMSE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAH and give INSTITUTION Yrs. D. STREET ADDRESS (If rural give location) Mos. ength of stay in Baltimore Days 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE H Under I Year last birthday) Months Days Hours Min. nairies 10A. USUAL OCCUPATION (Give kind of ork do go during most of work he life, even if retired) 109. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. EATHER'S NAME usses 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yos, no or unknown) (If yos, give war on dates of service) 16. SOCIAL ADDRESS SECURITY NO. 16-05-1072 INTERVAL ETWEEN CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21A. ACCIDENT WAS UNDER. 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! WHILE ATT WORK AT WORK 12-15, 1952 to 12-16, 1952 that I last saw the 22. I hereby certify that I attended the deceased from____ deceased alive on 12-16 1952 and that death occurred at 12:57 Am., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 12-16.52 24A. BURIAL, CREMA-NAME OF CEMETERY OR CREMATORY 240 COCATION (City, town, or county) EMOVAL (Specify) 25. JUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR W. North and VS 150



BALTIMORE CITY HEALTH DEPARTMENT

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Registered	IN O.

BIRTH NO.	L OI BEATTI						
1. NAME OF DECEASED ELL. SWORTH DAV	115 2. DATE OF DEC. 12-1952						
A. Baltimore City, Maryland 9 S. Calhoun S	4. USUAL RESIDENCE (Where deceased lived, If institution; residence STATE B. COUNTY before admission)						
B. FULL NAME OF (If not in hospital or institution, give street address o HOSPITAL OR location							
INSTITUTION	township)						
Yrs.	D. STREET ADDRESS (If rural, give location)						
c. Length of stay in Baltimore 74 yrs. Mos. Days	9 S. Calhoun st 11-3						
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years If Under I Year In Under I Y						
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	June 17-1878 74						
work doug during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) WHAT COUNTRY?						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Jacob vavis	Jessie Diames.						
1 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	7. INFORMANT ADDRESS						
SECONTI NO.	min mary Javis 9 s. Callound						
18. 332X CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	boat The lain 2hy an						
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.							
injury or complication which caused death.) DUE TO							
ANTECEDENT CAUSES	June exterio schemes ?						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST							
UNDERLYING CONDITION LAST. (C)							
E							
OTHER SIGNIFICANT CONDITIONS CON-							
TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPE	RATION 20, AUTOPSY?						
U all ACCUPENT WAS HADES I AS BLACE OF AUTURN (YES NO						
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.							
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	RED 21F. HOW DID INJURY OCCUR?						
WHILE AT NOT WHILE							
22. I hereby certify that I attended the deceased from T	1951, to Dec. 12, 1952, that I last saw the						
	erred at 7:15Pm., from the causes and on the date stated above.						
23A SIGNATURE	238. ADDRESS 5 4 S. Fulton and 12-15-5						
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET							
Rurial 12-16-52 London	Park Cem. Baltimore Ind						
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS						
Muntington Valianes, M.F.	Geo. L. Beyer Jr. 1512 Hollins St.						
UE les 1952	Co Balto 28- Ind						
المركب الم	0011379						



P-740 52 11388 BALTIMORE CITY HEALTH DEPARTMENT Registered No. 1338 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Xrs. (If rural, give location) Mos. Tata c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify last birthday) Months Days Hours Min. AOA. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. 2-14-275 18. 442X INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic Cardio-vascular (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) renal disease ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL NO YES 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE AT WORK WORK 22. I hereby certify that I attended the deceased from Dec. 10, 1952 to Dec. 15, 19 52 hat I last saw the Dec., 149 52, and that death occurred at 12:30h. from the causes and on the date stated above. deceased alive on_ 23A. SIGNATURE 23c. DATE SIGNED Clarence 3023 Eastern Ave. 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY! 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) 52 Mari DATE RECEIVED BY REGISTRAR'S/SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

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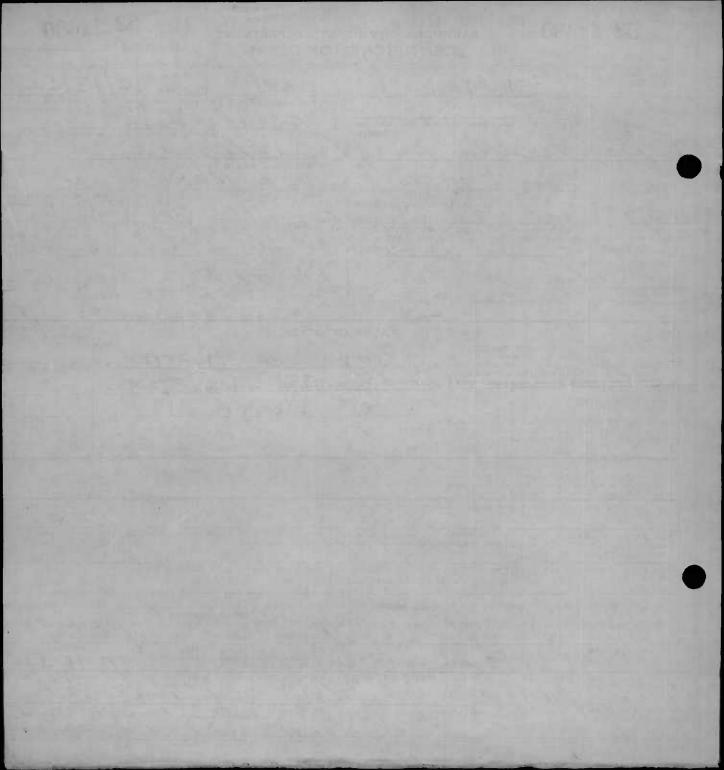
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BALTIMORE CITY HEALTH DEPARTMENT

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Registered No____ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION 160 Yrs. Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 9. AGE (In years If Under 1 Year Hours Min. 10A. USUAL OCCUPATION (Give kind of working life, even if retired) OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY ausewise 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION A 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY NOT WHILE! . 1952 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 1952, and that death occurred at 0 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED E Minumen 24A. BURIAL, CREMA TION REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR b VS 150

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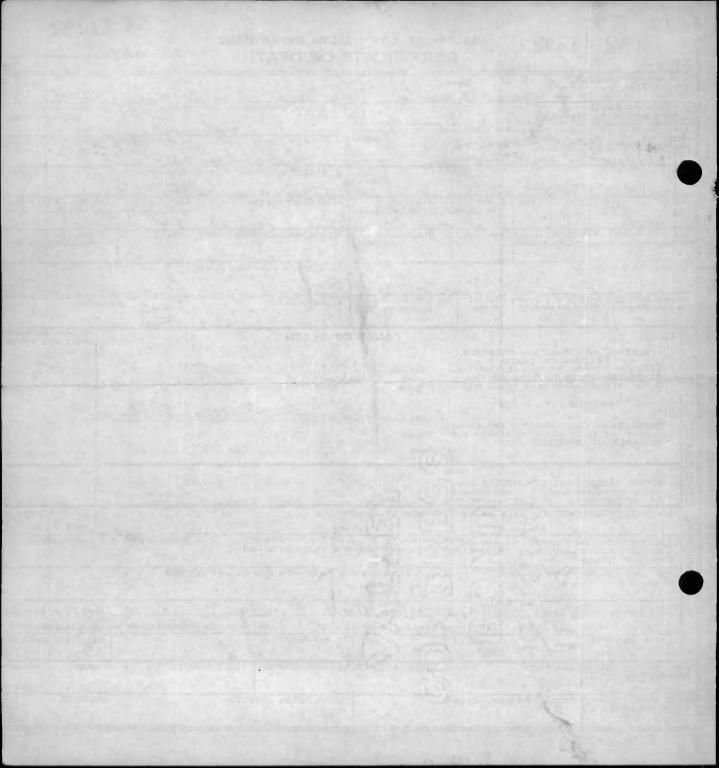


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egistered	No

BIRTH NO. 52-17882 CERTIFICAT	E OF DEATH Registered No.						
1. NAME OF DECEASED (Type or Print) DENNIS P. SMITH	2. DATE OF DEATH 12-15-52						
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)						
HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)						
Yrs. Mos. Days	133 2 DIVER COURT # 25						
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8-6-52 9. AGE (In years of Under 1 Year Months Days Hours Min. 4. 9						
10A. USUAL OCCUPATION (Give kind of rock done during most of working life, even if rotired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) BALTO., MD. 12. CITIZEN OF WHAT COUNTRY?						
13. FATHER'S NAME Dennis P. Smith	14. MOTHER'S MAIDEN NAME Kagel Staton						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT ADDRESS James Staton, 1332 Dines Bourt						
DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING THE RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	of DEATH women with engygena, sol, unlet. Solay						
UNDERLYING CONDITION LAST. UL II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION 19							
21a. ACCIDENT. SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg.,							
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK 22. I hereby certify that I attended the deceased from 12-13-52, 19, to 12-15-52, 19, that I last saw the deceased alive on 12-15-52, 19, and that death occurred at \$10 \text{ Pm., from the causes and on the date stated above.}							
23A. SIGNATURE , Parelle 17 M.D.	DE ADDRESS 23C. DATE SIGNED						
248. BURTAL, CREMA- 248. DATE 24C. MAN OF CEMETE TION, BEMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE	Offil Towar Address 25. FUNERAL DIRECTOR ADDRESS ADDRESS						
AF LVS 050932	Nm. Cook, D. C. 1217 88. Paul A8.						

/	52 11392		EALTH DEPARTMENT	Danistan I M	
BIR	TH NO.	CERTIFICAT	E OF DEATH	Registered No)
	AME OF DECEASED e or Print)	agenta 18	ontner	OF OF DEATH Sect	15 1952
A. B	LACE OF DEATH: Saltimore City, Maryland 1408	A. Levin gton St	4. USUAL RESIDENCE (stitution: residence before admission)
HOS	ULL NAME OF (If not in hospital or in ITAL OR Cared Worm	nstitution/give street address or	C. CITY OR TOWN	f outside corporate limits,	write RURAL and give
9	aged Mens	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	G P
5. S	The second secon	Days SINGLE, MARRIED, VIDOMED, DIVORGED (Specify)	B. DATE OF BIRTH	AGE (In years If i	nder 1 Year If Under 24 Hours
F	male White.	Single	Oct. 1 1868	84 2	ths Days Hours Min.
work d	USUAL OCCUPATION (Give kind of pane during most of working life, even if retired)	. KIND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or f	oreign country)	2. CITIZEN OF WHAT COUNTRY:
13.	ATHER'S NAME	9/ 4	14. MOTHER'S MAYDEN N	AME 70 .	
15. (Var.)	WAS DECEASED EVER IN U. S. ARMED FOR		17. INFORMANT DA	Vkeiner	DRESS
(1 00, 1	no or nnknown) (if yes, give war or dates of ser	SECURITY NO.	1400 St. Leve	noton &	E.
1	8. 42011		OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dying)		rovan Men	tois	10 Days
	heart failure, asthenia, etc. It means the injury or complication which caused	disease,			
	ANTECEDENT CAUSES	MAA	The laster of		
NO N	DISEASES OR CONDITIONS, IF ANY		man v		
RTIFICATION	UNDERLYING CONDITION LAST.	(C)			
III.					
Ш	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT	RELATED			
0	9A. DATE OF OPERATION [19B. M	AJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
V C	24. 400.000.000	B. PLACE OF INJURY (e. g., in	and also WHERE DID.	If in Dalaine City	YES NO
	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	t home, farm, factory, street, office bldg	n or 21c. WHERE DID (itc.) INJURY OCCUR?	If in Baltimore City, given	ve exact location)
	ID. TIME (Month) (Day) (Year) (Hou DF INJURY	r) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK	ED 21F. HOW DID INJUR	Y OCCUR?	
	22. I hereby certify that I attende	d the deceased from T	19/4, to	Dec 10 , 1952	that I last saw the
	deceased alive on 19014, 19		red at 4.45 Pm., from t	he causes and on the	
	"VIEWERUM INWE	M. D.	4-2-33W8	- 18	ille. 16. 1932
TION	BURIAL, CREMA- 24B. DATE REMOVAL (Specify)	24c. NAME OF CEMETE		OCATION (City, town, or	r county) / (State)
DAT	E RECEIVED BY REGISTRAR'S SIG	Foundan Ba	25. FUNERAL DIRECTOR		ADDRESS and
Loc	AL REGISTRAR	1. 1.1.	Wm. Cook	he. 1212	So Paul Jo
	VS 150	or Vishauro My			
	1 90	5 2 0			

correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	-	CERTIFICATI	E OF DEATH Registered No.			
-	1. 1	NAME OF DECEASED Caroline C. Mulle		. 15,1952		
	A.]	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	A. STATE A. STATE B. COUNTY	stitution : residence before admission)		
	HO	SPITAL OR STITUTION O East Oliver St. location)	c. CITY OR TOWN (If outside corporate limits;	write RURAL and give township)		
(Chiron	c. :	Length of stay in Baltimore Lile Yrs. Mos. Days	D. STREET ADDRESS (If rura), give ception)	Strut		
DIII	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years last birthday) Mont	der i Year If Under 24 licuts hs Days Hours Min.		
Tearing		A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)		2. CITIZEN OF		
earn	13.	Martin Callan	STREET ADDRESS (If rural, give restion) 2230 Coat DATE OF BIRTH 9. AGE (In years last birthday) Months: Days Hours Min. BIRTHPLACE State or foreign country) 12. CITIZEN OF WHAT COUNTRY? MOTHER'S MAIDEN NAME Bright Care. INFORMANT DEATH Christ 2230 C. Clare of Conservation on Seriosclerosis Arterial Hypertension			
the causes of 0	15. (Yes,	WAS DECEASED EVER IN U. S. ARMED FORCES? no or nnknown) (If yes, give war or dates of service) SECURITY NO.		Pline St.		
ause	T	18. 332 X CAUSE	OF DEATH			
) au		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	emehmal Thrombosis	9 3077		
е		hant failure actionia ata It masna the disease				
write		ANTECEDENT CAUSES		2 35.00		
please						
ple	ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.				
ns:	O					
Physicians:	ERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESTA OR CONDITION CAUSING IT.	Arterial Hypert	ension 2 yrs.		
	7	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?		
ant	CA	214 ACCIDENT WAS LINDED 21B. PLACE OF INJURY (e. g.,	in or 21c. WHERE DID (If in Baltimore City, giv	YES NO NO Ve exact location)		
important.	EDI	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., CAUSE OF DEATH				
	Š	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE				
especially		22. I hereby certify that I attended the deceased from Dec		that I last saw the		
espe		deceased alive on Dec. 15, 19 52, and that death occu	rred at 7 P. m., from the causes and on the	date stated above.		
18		M. D.	1613 E. North Ave.	23c DATE SIGNED		
ect age	24 TIC	A. BURIAL, CREMA 24B. DATE. 24C. NAME OF CEMETE ON REMOVAL (Specify) 2-19-52 Rolling		lb. Md.		
correct	LC	THE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR Jue - 2433	E. Olivir A		
		DEVS 156 1952				

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BALTIMORE CITY HEALTH DEPARTMENT 52 11394 Registered N CERTIFICATE OF DEATH BIRTH NO . NAME OF DECEASED 2. DATE (Type or Print) OF 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland before admission B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITAL Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Andl. Days 9. AGE (In years | if Under | Year | if Under 24 Hours | Months Days | Hours | Min. 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 1886 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF Paland Paland work done during most of working life, even if retired) INDUSTRY Tailay (di 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or uuknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no or uuknown) JOHNS HOPKINS HOSPITAL 215 - 93 - 2207 INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. : heat dies OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE AT WORK WORK 1952, and that death occurred at 8 m., from 1953 that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 13 _m., from the causes and on the date stated above. 23c. DATE, SIGNED 234 HGNATURE JOHNS HOPKINS HOSPITAL 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS 25. FUNERAL DIRECTOR LOCAL REGISTRAR

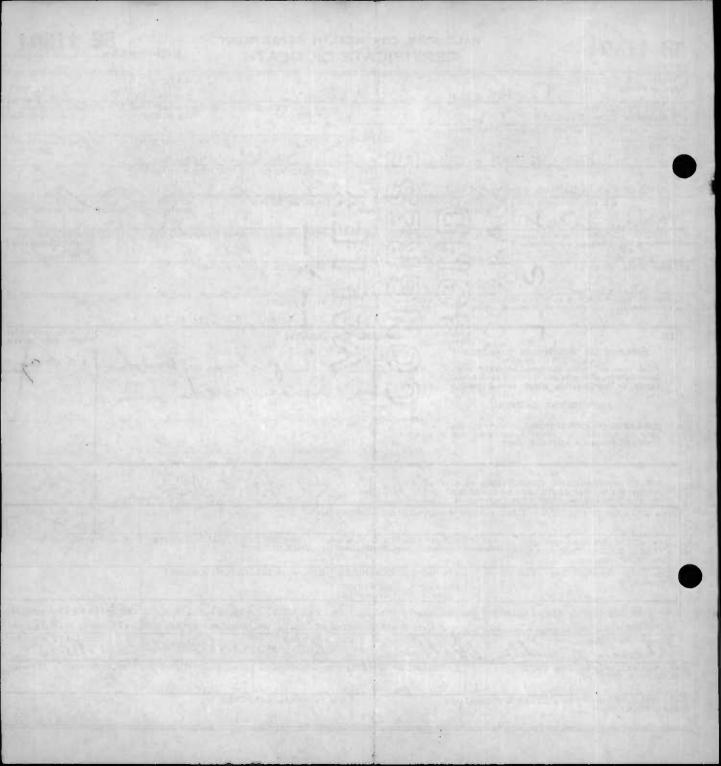
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causes

Physicians:

important.

especially



52 11395 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland A. STATE before admission) low B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Woodlawn 6023 a (If rural, give location) Yrs. 10 years nyan Oak Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years) If Under 1 Year If Under 24 Hours last hirthday) Months Days Hours Min. Sept. 24. 1902 manied. 10A. USUAL OCCUPATION (Give bind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done thing most of working life, even if retired) WHAT COUNTRY INDUSTRY Ica Cream Mig. her 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown unknown Feeback 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO Mr. George F. Gist, Jr .- 3201 Berkshire Rd no 18. 420.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE: (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21c. WHERE DID 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT 12/13/ 11/11 1957 to 22. I hereby certify that I attended the deceased from___ ., that I last saw the deceased alive on . 19/ and that death occurred at 3 Pm., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c, NAME OF CEMETERY OR CREMATORY | 24p, LOCATION (City, town, or county) Loudon Park Cem. Balto. Md. Burial DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR alow VS 150

THE CANADA HE WAS A STEEL BACKINGS SHOT WITH A PLANT

3.00	11090	C	CERTIFICAT	E OF DEATH	Registered	No	
	OF DECEASED				2. DATE		
(Type or Pr	Mar	ver. Kav	erius Albert		OF DEATH Decen	ber 15. 1	952
	OF DEATH: ore City, Maryland			4. USUAL RESIDENCE (W			
B. FULL NA HOSPITAL INSTITUTION	OR	al or institutio	n, give street address or location	The state of the s	outside corporate limi		and give
16-1	St.	Joseph	's Lospital	Baltimore	1-0		
			Yrs.	D. STREET ADDRESS (If			
	of stay in Baltimore	30 ye	ears Days	2608 Cecil Ave			
5. SEX	6. COLOR OR RACE	7. SINGLE. WIDOWE Marri	D, DIVORCED (Specify	Feb. 2, 1908	9. AGE (In years last birthday) M	onths Days Hou	der 24 Hours ars Min.
10A. USUAI	L OCCUPATION (Give kind of	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	preign country)	12. CITIZEN	
Super	s most of working life, even if resired) rintendent	U. S. 1	ines	Holland		USA USA	UNTRY
13. FATHER				14. MOTHER'S MAIDEN NA	AME		
	tus M. Mayer			Marie Huysman			
15. WAS DEC	CEASED EVER IN U.S. ARMEI nown) (If you, give war or date	D FORCES?	16. SOCIAL 215-09-323	17. INFORMANT 2608 Mrs ertrude		IQURESS 13	/
DISE RISE UND	LEADING TO DEA's does not mean the mode of failure, asthenia, etc. It means or complication which can be a second to the second	of dying, e.g., ns the disease, the disease, the disease, the disease, the disease, the disease death.) FANY, GIVING STATING THE ST.	DUE TO (B) Cong DUE TO (C) Rheu	nary Thrombosis estive heart fail			
	HE DISEASE OR CONDITION						
19A. DA	TE OF OPERATION ()	98. MAJOR	FINDINGS OF OPE	RATION		YES T	NO X
LYING	CCIDENT WAS UNDER- OR CONTRIBUTING OF DEATH	2 IB. PLAC about home, far	E OF INJURY (e. g., m, factory, street, office bldg.	in or 21C. WHERE DID (I etc.) INJURY OCCUR?	f in Baltimore City,	give exact locat	ion)
21D. TII OF INJ	ME (Month) (Day) (Year) URY	wı	TE. INJURY OCCURE HILE AT NOT WHILE WORK AT WORK		OCCUR?		
				rred at 12:15m., from to			
	GNATURE D	11/2		23B. ADDRESS		23c. DATE :	

2/C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery Baltimore,

especially important. Inysicians: please write the causes of death clearly and Tegibly.

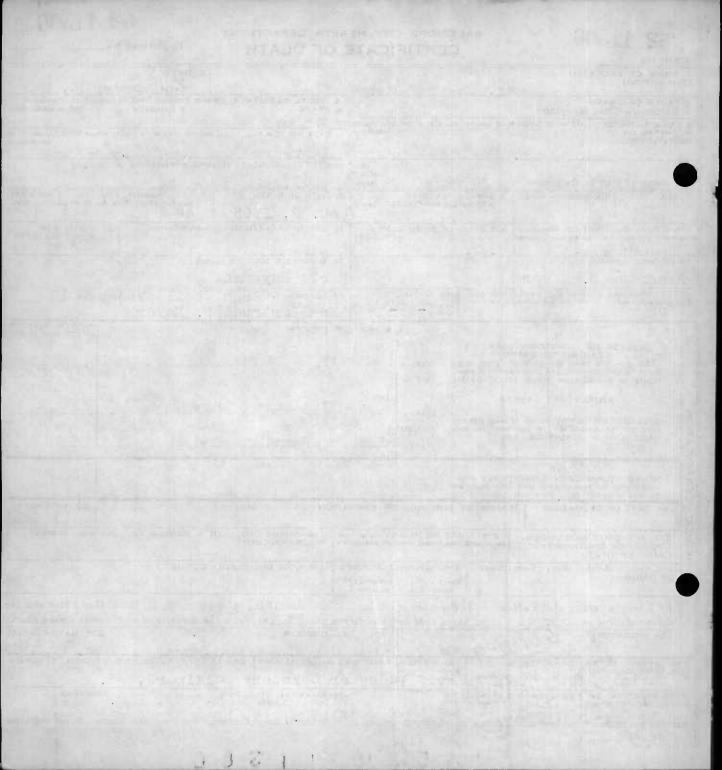
24A. BURIAL & REMA- 24B. DATE (C) DURIAL (Specify) DURIAL 12/19/52

DATE RECEIVED BY

LOCAL REGISTRAR VS 150 9 5 29 85

REGISTRAR'S SIGNATURE

24D. LOCATION (City, town, or county)



50

52 11397	CERTIFICATI		Registered No.
BIRTH NO.	CERTIFICATI	E OF DEATH	20021002100
1. NAME OF DECEASED (Type or Print)		2	. DATE
HARRY A. MCC	USKER	A LIGHAL DECIDENCE (Whom	DEATHURC. 14, 1952 e deceased lived. If institution: residence
A. Baltimore City, Maryland		A. STATE	B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or in HOSPITAL OR	stitution, give street address or location)		side corporate limits, write RURAL and give
2871 Pelham A	venue	Baltimore	township)
	Yrs.	o. STREET ADDRESS (If rura	al, give location)
c. Length of stay in Baltimore	Life Mos.	2871 Pelham Av	
5. SEX 6. COLOR OR RACE 7. SI	NGLE, MARRIED.		ACE (In yours) If linds: 1 Year If linds: 24 House
	DOWED, DIVORCED (Specify)	Mar.9,1879	last birthday) Months Days Hours Min.
work dooe during most of working life, even if retired)	KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreig	n country) 12. CITIZEN OF
Ullice clerk Ra	ilroad	altimore, Md.	(12. CITIZEN OF USA USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Lewis McCusker		? Oswald	
15. WAS DECEASED EVER IN U. S. ARMED FORC (Yes, no or unknown) (If yes, give war or dates of serv	ES? 16. SOCIAL	17. INFORMANT 2871 F	elham Avernass -13
no	1705-05-7819	Mrs. Carrie McCu	sker
18. 199.1		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT	TLY		
(This does not mean the mode of dyin heart failure, asthenia, etc. It means the	g, e. g., (A)	arenon	Neck. 14 8mo
injury or complication which caused	death.) DUE TO		
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY.	(B)		
RISE TO THE ABOVE CAUSE (A) STATIS	NG THE OUE TO		
DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATII UNDERLYING CONDITION LAST. UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS	(C)	***************************************	
E CTUES CICALERA II			
H TRIBUTING TO THE OEATH, BUT NOT R	ELATED		
TO THE DISEASE OR CONDITION CAUSE 19A. DATE OF OPERATION 19B MA	AJOR FINDINGS OF OPER	ATION	1.00 41/5000
2 0111-1		noma ruck	20. AUTOPSY?
□ 21A. ACCIDENT WAS UNDER. 2000 LYING□ OR CONTRIBUTING□ about	PLACE OF INJURY (e. g., in home, farm, factory, street, office bldg., e	or 21c. WHERE DID (If in	Baltimore City, give exact location)
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about	nome, tarm, tactory, street, omce diag., e	tc.) INJURY OCCUR?	
210. TIME (Month) (Day) (Year) (Hour OF INJURY	21E. INJURY OCCURRE	21F. HOW DID INJURY OF	CCUR?
	m. WHILE AT NOT WHILE		
22. I hereby certify that I attended	the deceased from Said	4 1951 to Dec	. 14 , 19 \$ 7 that I last saw the auses and on the date stated above.
deceased alive on 12/14, 19.5	2. and that death occur	red at 7 to m., from the c	auses and on the date stated above.
23A. SIGNATURE	2:	3B. ADDRESS	OA 23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE	M. D.	3805 Belai	17/15/52
TION, REMOVAL (Specify)	24C, NAME OF CEMETER	Anna Carrier State of the Control of	TION (City, town, or county) (State)
burial 12/17/52	Druid Ridg		
ECCAL REGISTRAR Huntington	[1/110 1000]	HENRY SANDER & S	ONS, INC. ADDRESS
	resuction, my	BALTO., 13, MD.	sery O (Hunder,
VS 150	3900	000 1/2	8 0
		UUTFO	

uniquent. Inysicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT 52 11398 CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE OS EP+1 DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If i stitution, residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN location) INSTITUTION (If outside corporate limits, write RURAL and give township) TIMOR E Yrs. o. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Days A. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. .189 uly 10. 3 clearly 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. ERTHPLACE State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY KALLROADER WHAT COUNTRY? death 14. MOTHER'S MAIDEN NAME HARLES GLO MU THERINE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? jo 16. SOCIAL 17. INFORMANT 3404 Cardenas Averess (Yes, no or unknown) (If yes, give war or dates of service) 705-10-6489 causes Mrs. Lillian K. Solomon 18. CAUSE OF DEATH 570.2 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH ESENTERIC THRONBOSIS (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES please DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Physicians: (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. ANGRENOUS TERM. THEW MONTO NES. THEIN YES

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?

(If in Baltimore City, give exact INJURY OCCUR? UANGREHOUS 21. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING (If in Baltimore City, give exact location) CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE especia 22. I hereby certify that I attended the deceased from 11 2 6 62, 19 to 12 14 52, 19, that I last saw the deceased alive on 12/14/52, 19 and that death occurred at 5 cm., from the causes and on the date stated above. , to 12/14/52, 19 , that I last saw the deceased alive on 12/14/52 19 234 SIGNATURE 3 23c. DATE SIGNED 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 240. (Cation (City, town, or county) TION, REMOVAL (Specify) burial Druid Ridge Cemetery Bal Mmore. DATE RECEIVED BY REGISTRAR'S SIGNATURE HERRYNESANDERTOR SONS, INC ADDRESS LOCAL REGISTRAR witnestor BALTO., 13, MD. VS 150

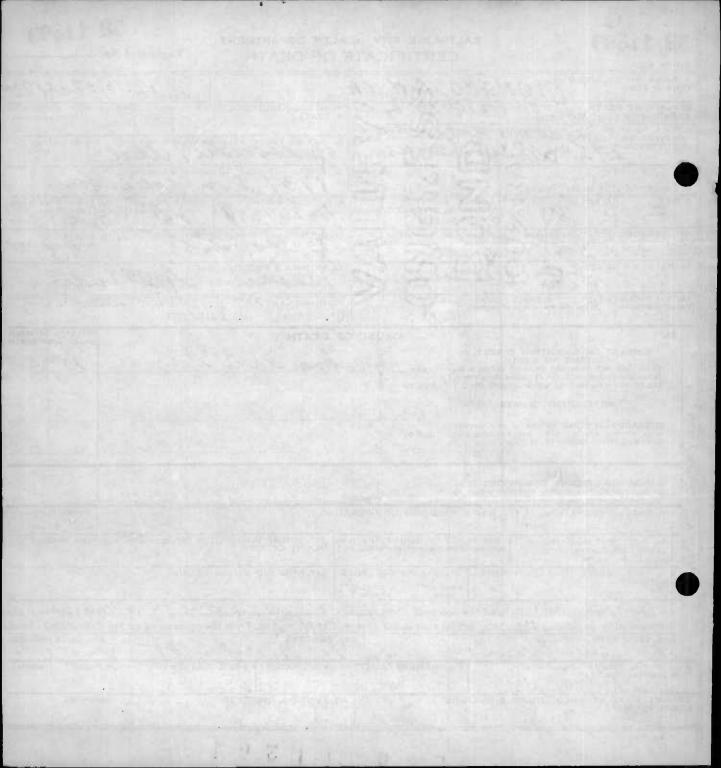
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russimms: Hease write me causes of death clearly and legibly.

VS 150

52 11399

CERTIFICATE OF DEATH Registered No.						
BIRTH NO.	CERTII ICATI	E OF BEATH		-		
	CO, ANNA		2. DATE OF 12./5.	52ax/200		
A. Baltimore City, Maryland		4. USUAL RESIDENCE (WE A. STATE		titution: residence before admission)		
B. FULL NAME OF (If not in tospital or in		C. CLTY OR TOWN (If o	utside corporate limits, w	rite RIIRAY and sive		
INSTITUTION 2724 N. CL	arles str.	Bultimor	e, led	township)		
c. Length of stay in Baltimore	3 W Yrs. Mg. Mays	D. STREET ADDRESS (If re	ral, give location)	the.		
T A.P WI	NGLE, MARRIED, DOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If Und last birt (day) Month	or I Year If Under 24 Hours s Days Hours Min.		
10A USUAL OCCUPATION (Givekindet) 10B	KIND OF BUSINESS OR	11. BIRTHPLACE (State or for	10			
Housework at	home industry	Balto, M	ed.	CITIZEN OF WHAT COUNTRY		
13. FATHER'S NAME Born. Ne	iberding	14. MOTHER'S MAIDEN NAM	A like	ding		
15. WAS DECEASED EVER IN U. S. ARMED FORC (Yes, no or unknown) (If yes, give war or dates of servi	ES? 16. SOCIAL SECURITY NO.	17. INFORMANT 227 N.	Calvertabo	reset (20		
No	None	Mr. Louis J. Mo	naco	- 27		
18. 443 ×	CAUSE	OF DEATH		INTERVAL BETWEEN		
DISEASE OR CONDITION DIRECT	TLY //	Aurine C-V	0	A C A C		
(This does not mean the mode of dying heart failure, asthenia, etc. It means the	e, e, g., (A)f	iffusing C-V		10 2 car		
injury or complication which caused	death.) DUE TO					
ANTECEDENT CAUSES						
Z O DISEASES OR CONDITIONS, IF ANY,	(B)	***************************************	***************************************	• ****		
RISE TO THE ABOVE CAUSE (A) STATIN	IG THE DUE TO					
	(C)	***************************************	***************************************			
DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RI						
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE	CON-					
O TO THE DISEASE OR CONDITION CAUSI	NG IT.					
19A. DATE OF OPERATION (19B. MA	JOR FINDINGS OF OPER	ATION		20. AUTOPSY?		
	. PLACE OF INJURY (e. g., in home, farm, factory, street, office bldg., e		in Baltimore City, give	exact location)		
E CAOSE OF BEATH						
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	WHILE AT NOT WHILE	ED 21F. HOW DID INJURY	OCCUR?			
	m. WORK AT WORK	5 1 5 2	e. 15.57			
22. I hereby certify that I attended		3, 19, to R		hat I last saw the		
deceased alive on 19, 195		3B. ADDRESS	causes and on the	ate stated above. 3c. DATE SIGNED		
Morris W. Steint	M.D.	410 n. Hetz	not a	2.151952		
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY 24D. LO	CATION (City, town, or	county) (State)		
burial 12/18/52		er Cemetery Bal	timore, Md.			
DATE RECEIVED BY REGISTRAR'S SIGN LOCAL REGISTRAR		25. FUNERAL DIRECTOR		DDRESS		
It I b 147/ I mulington	V-MALMA N.	MITTO 13 MD	130 1/4/1/	ander		



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BALTIMORE CITY HEALTH DEPARTMENT

52 11400 Registered No.

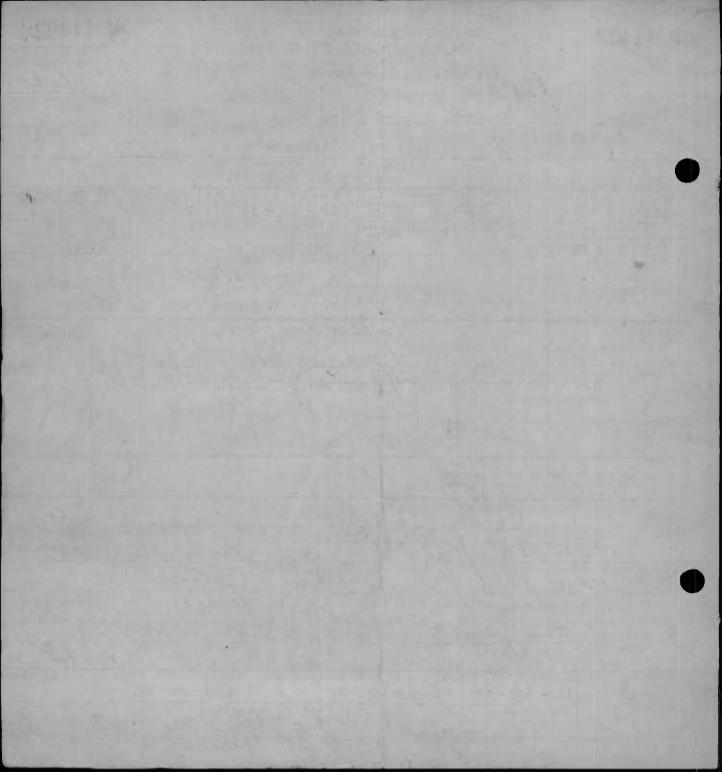
BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No.	- C-William						
1. NAME OF DECEASED (Type or Print) ANNIE -	600 WARD		2. DATE OF DEC	16.1952						
s. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Who		itution: residence before admission)						
B. FULL NAME OF (If not in hospital or institu HOSPITAL OR INSTITUTION	tion, give street address or location)	C. CITY OR TOWN (If outside corporate limits, wrate RURAL and give								
3926 FAIT HVE	Yrs.	BALTO D. STREET ADDRESS (If ru.	L. G. TO	township)						
c. Length of stay in Baltimore	Mos. Days	3926FAITAVE								
	E, MARRIED, WED, DIVORCED (Specify)	B. DATE OF BIRTH		Days Hours Min.						
10A. USUAL OCCUPATION (Givekind of 10B. KIN work done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country) 12.	CITIZEN OF WHAT COUNTRY?						
HOUSEWIFE 13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	4.E							
UNKNOWN? HA	RRIS	UNKNO								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDR							
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injury or complication which caused deat	th.) DUE TO									
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22. I hereby certify that I attended the	e deceased from MS	y 19 520 De	c., 19 52 t	nat I last saw the						
deceased alive on Dec. 161952 and that death occurred at 2:50th, from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED										
24A. BURIAL, CREMA- 24B. DATE	M. D.	RY OR CREMATORY 24D. LOC	CATION (City, town, or c	ounty) (State)						
TION REMOVAL (Specify)	PARKWO		YLOR A	VE-Md.						
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and	5.	SEX	6. COLOR OR RACE		E. MARRIED).	8. DATE OF BIRT	н	9. AGE (In year		1 Year If Under 24 Hours Days Ifours: Min.
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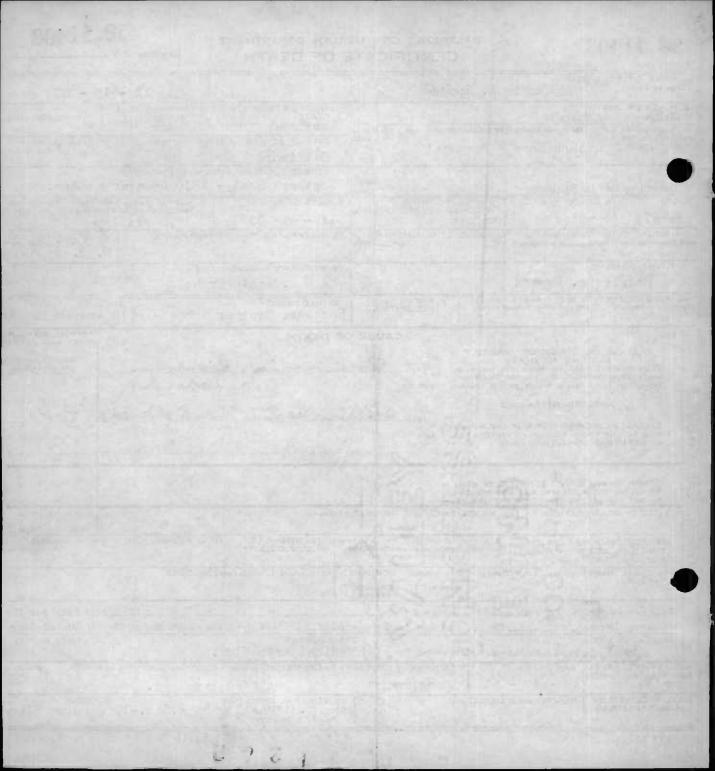
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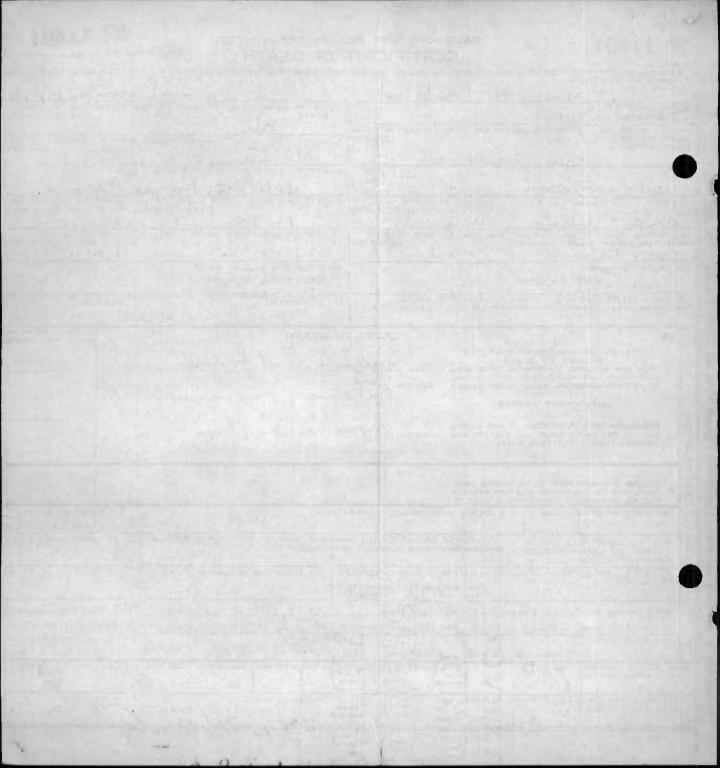
BALTIMORE CITY HEALTH DEPARTMENT

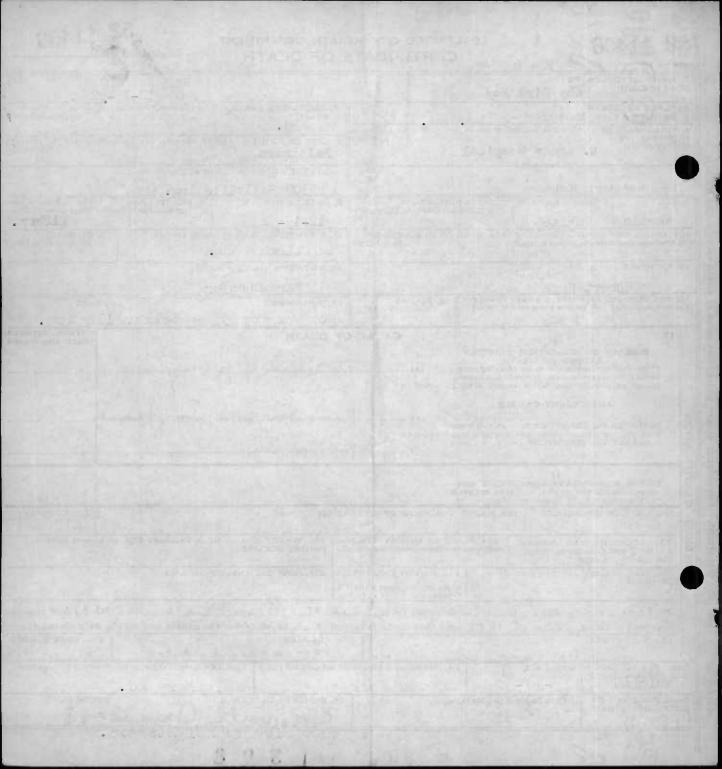
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Registered No .-CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED (Type or Print) 2. DATE Minnie L. Spedden DEATH 12 - 15 - 52 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or none HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Southern Home & Hospital Baltimore D. STREET ADDRESS Yrs. (If rural, give location) 87 Mos. Southern Home - 2510 Greenmount Ave. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 9. AGE (In years | If Under 1 Year | If Under 24 Hours | Months | Days | Hours | Min. 7. SINGLE, MARRIED, 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) female white 11 - 5 - 65widowed 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY U. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles H. Seward Mary L. Applegarth 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Records, Southern Home - 2510 Greenmount Av INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20, AUTOPSY YES 21B, PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WORK 22. I hereby certify that I attended the deceased from. ., 19____, to_ , 19___, that I last saw the deceased alive on. . 19_ . and that death occurred at_ m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED Medical Arts Bldg. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 24c. NAME of CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) 24B, DATE 12 - 17 - 52Woodlawn Woodlawn, Md. REGISTRAR'S SIGNATURE DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR John O.Mitchell & Sons, Inc .- 1900 Eutaw Place VS 150



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	BI	RTH NO.				CE	RTIFICAT	E OF DEAT	H	Registered	No	
		NAME OF D ype or Print)	ECEASI	unl	A.	Par	Ken	PARKER		2. DATE OF DEATH	em	han 15,1952
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s of	(Yes	. WAS DECEASE , no or nnknown)	(If ye	e, give war or dat	D FORCES) 16	SECURITY NO.	17. INFORMANT	IC LIONY		ADDR	ESS
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		deccased at		14.15	, 19.7.	and	that death occi	23B. ADDRESS	, from the	causes and on	the de	ate stated above.
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age	24 TIC	AA. BURIAL. (SON, REMOVAL (S	REMA-	24B, DATE				ERY OR CREMATORY		CATION (City, tow	n, or ec	ounty) (State)
correct		burial	D BV	12-17-5		1	eenmount	25. FUNERAL DIR		more, Md.	AD	DRESS
cor		CAL REGIST		REGISTRAF	1-	Will	iacus, M.P.	John O.Mitch	nell &	Sons, Inc.	1900	Futaw Pl.
		VS 150			9	\$ n.	290	6P	2 0	t .		





9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months: Days Hours Min. If Under 24 Hours 12. CITIZEN OF WHAT COUNTRY ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) Pedestrian struck by automobile thereon and from 238 CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER... MEDICAL INVESTIGATOR 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) (State) New Cothedus/ Cem 4300 Ola 25. FUNERAL DIRECTOR HOMAS J. KENNY

before admission)

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23A. SIGNATURE

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REGISTRAR'S SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

LOCAL REGISTRAR

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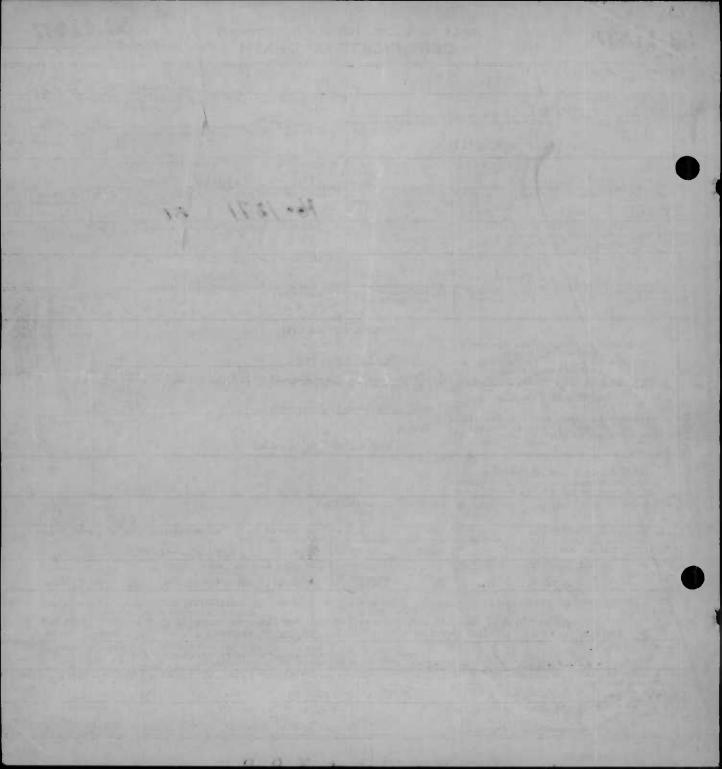
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52 11ang BALTIMORE CITY HEALTH DEPARTMENT Registere CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STA B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION IMOI Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 111M012 Days 5. SEX 6. COFOR OR RACE | 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (in years II Under I Year II Under 24 Hours Inst. birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) morred 10A. USUAL OCCUPATION (Give lind of) 12. CITIZEN OF 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) vork done during most of working life, even if retired) INDUSTRY memor 1 VGINIO 13. EATHER'S NAME 14. MOTHER'S MAIDEN NAME 4424 ulcher 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (You, no or unknown) (If you, give war or dates of service) 16. SOCIAL 17. INFORMANT **ADDRESS** (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH 420,1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Nary heart failure, asthonia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) RT OTHER SIGNIFICANT CONDITIONS CON-I TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES NO. (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK 195 to_ 22. I hereby certify that I attended the deceased from. 19) (, that I last saw the 3. 1957, and that death occurred at 32 Am., from the causes and on the date stated above. deceased alive on_ 23B. ADDRESS 23A. STGNATURE 230 DATE SIGNED

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DATE RECEIVED BY LOCAL REGISTRAR

VS 150

24A. BURIAL, CREMA-TON, REMOVAL (Specify) 24B DATE

REGISTRAR'S SIGNATURE

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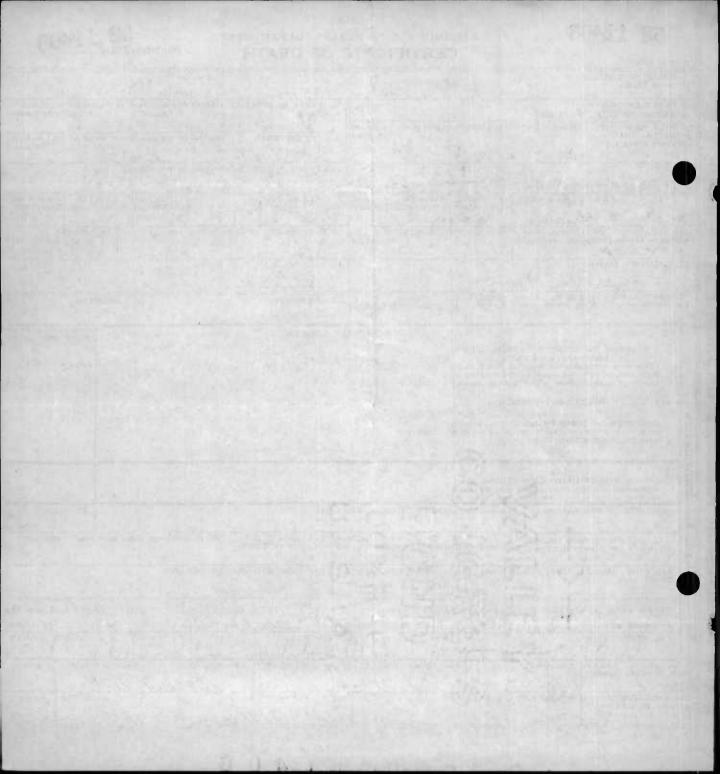
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(State)

ADDRESS

24C, MAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

25. FUNERAL DIRECTOR



52 11409 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Stanislans Slaw Kowski OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in bospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside cornorate limits, write RURAL and give INSTITUTION hiversi Yrs. ADDRESS (If rural, give location) Hans. c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years | | Under | Year | If Under 24 Hours | Months Days | Hours | Min. If Under 24 Hours WIDOWED, DIVORCED (Specify) DINA 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Stevedore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ctoria homas 20) WELC 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs. Stella Meininger 1355 Hull ST 18. CAUSE OF DEATH INTERVAL BETWEEN 99.9 guer. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Carcinomatosis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ü TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERō LYING OR CONTRIBUTING INJURY OCCUR? Ш CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY 22. I hereby certify that I attended the deceased from. 1952, to 12/15 _, 1952 that I last saw the deceased alive on 2115 , 1952, and that death occurred at 5 A.m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED HOSP. 24A. BURIAL. CREMA-24B. PATE 24c. NAME OF CEMETERY OR CREMATORY CATION (City, town, or county) TION, REMOVAL (Specify)

ADDRESS

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REGISTRAR'S SIGNATURE

DATE RECEIVED BY

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52 11410 BA	ALTIMORE CITY HE	EALTH DEPARTMENT	52	11440
	Registered N			
1. NAME OF DECEASED		1	10.000	
(Type or Print) JACOE	5	IENER	2. DATE OF DEATH /2-	-15-52
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (V	Where deceased lived. If	institution : residence before admission
	ution, give street address or location)		/(
INSTITUTION	iocation)	c. CITY OR TOWN (II	outside corporate limit	s, write RURAL and give
2711 1000	Yrs.	D. STREET ADDRESS (If	rural, give location)	2 / 6-10-10-17
ength of stay in Baltimore	∠ ✓ ✓ ✓ Mos.	7911 100	Krose	ave.
5. SEX 6. COLOR OR RACE 7. SING	LE, MARRIED,	8. DATE OF BIRTH	9. AGF (in years)	Under 1 Year If Under 24 Hours
male whites	WED DIVORCED (Specify)		last birthday) Mo	nths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work denied during most of working life, even if retired)	ND OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
Xtalesman /	sell	Kuss	ua	WHAT COUNTRY
13. FATHER'S NAME	/) (W)	14. MOTHER'S MAIDEN N	AME	
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TRIBUTING TO THE DEATH, BUT NOT RELA	TED			
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Z Z				YES NO
	LACE OF INJURY (e. g., i e, farm, factory, street, office bldg.,	n or 21c. WHERE DID (etc.) INJURY OCCUR?	If in Baltimore City, a	give exact location)
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22. I hereby certify that I attended the deceased alive on 4.14, 1957	e aeceasea from	red at 6 m from t	the causes and on th	
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24A. BURIAL, CREMA 24B. DATE TION, REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town,	or county) (State)
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BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED (Type or Print) 2. DATE CLARENCE FARRELL DEATH December 15, 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY Of not in hospital or institution, give street address or B. FULL NAME OF Marvland HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Johns Hopkins Hospital Baltimore O. STREET ADDRESS Yrs. (If rural, give location Mos. . Length of stay in Baltimore Davs 1008 Lamont Avenue 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Male Colored narrued 10A. USUAL OCCUPATION (Give kind of) 1. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY worm 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. CAUSE OF DEATH 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Hypertensive Arteriosclerotic Cardiovascular (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Disease XXVEXT6 injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO

9. AGE (In years II Under | Year | Ii Under 24 Hours | Months Days | Hours Min. 12. CITIZEN OF WHAT COUNTRY ADDRESS ONSET AND DEATH 25. AUTOPSY

(If in Baltimore City, give exact location)

WDDRESS

52 11411

before admission)

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB-UTING [] CAUSE OF DEATH

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT

REGISTRAR'S SIGNATURE

WORK

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes 🔼, accident 🖂, suicide 🦳 homicide 🦳 undetermined 🗀.

21c. WHERE DID

INJURY OCCUR?

25. FUNERAL DIRECTOR

21F. HOW DID INJURY OCCUR?

23B, CHIEF MEDICAL EXAMINER.... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

LOCAL REGISTRAR 151

(C)

198, MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e. g., in or

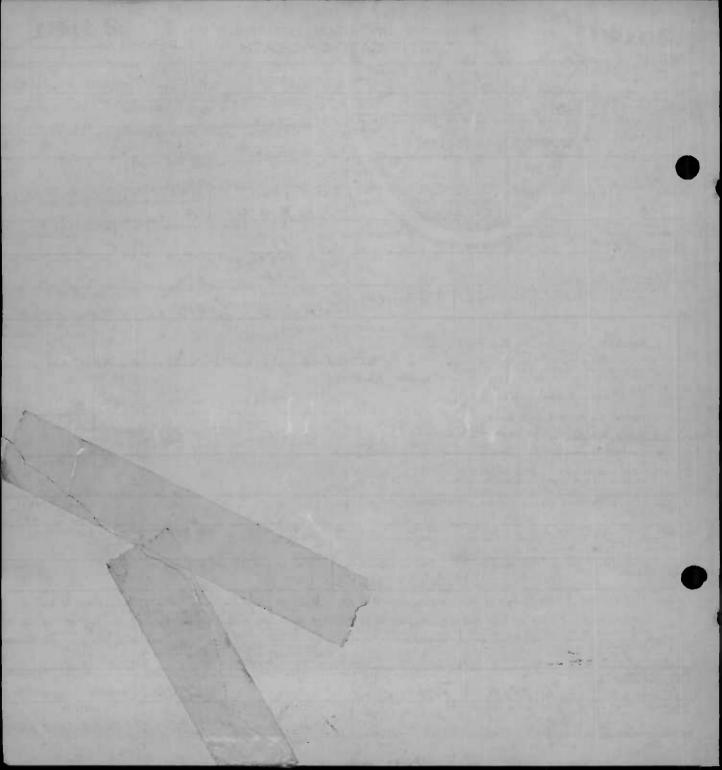
about bome, farm, factory, street, office bldg., etc.)

DATE RECEIVED BY

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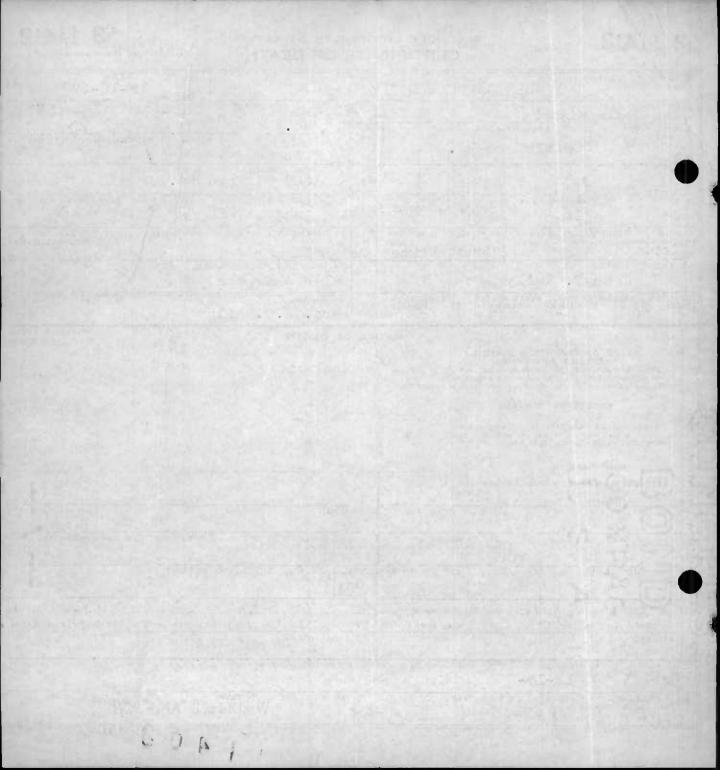


important.

BALTIMORE CITY HEALTH DEPARTMENT

52 11442

Registered No .. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) JOHN CARROLL DAILY 12-15-52 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If cutside a rperat) limits, r te RURAL and give INSTITUTION 1508 Winford Rd. township) Baltimore o. STREET ADDRESS (If rura!, give location) Yrs. 1508 Winford Rd. Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED last birthday) Months Days Hours Min. 9. AGE (in years WIDOWED DIVORCED (Specify) Wgite Male 1884 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? Court House Baltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John T. Daily Ella Anderson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mrs. J.C. Daily INTERVAL BETWEEN 18. CAUSE OF DEATH 350 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Parkinson's Disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES Inanitian DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY? MEDICAL YES (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE ATT WORK AT WORK 22. I hereby certify that I attended the deceased from 12-7 . 1932, to 12-15 1952 that I last saw the deceased alive on 12-14 19 52, and that death occurred at 13 a m., from the causes and on the date stated above. 23A. STONATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMAY TION REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY I 240. LOCATION (City, town, or county) 12-17-52 Cathedral Cem-SON ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIA LOCAL REGISTRAR Huntington Villacus. VS 150



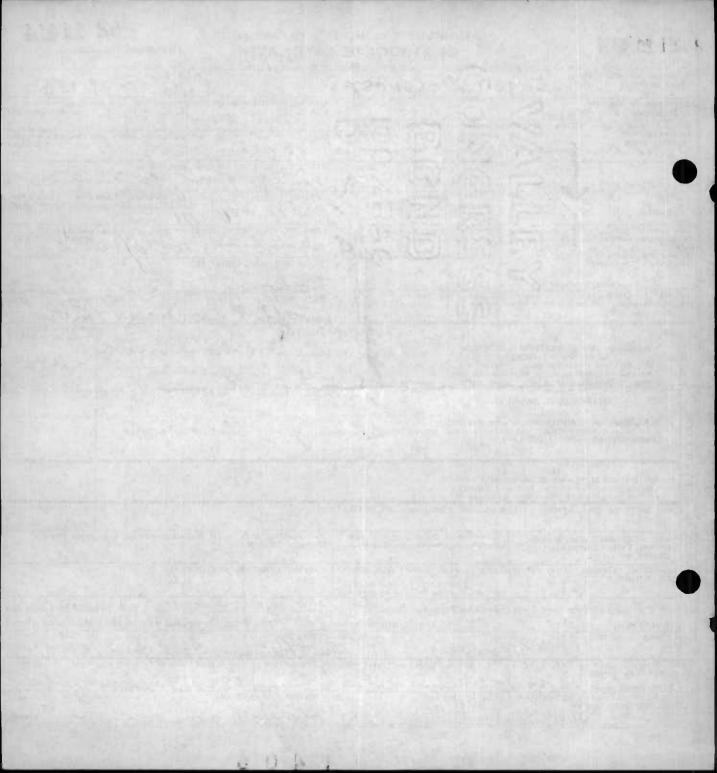
Registered No. 11413 BALTIMORE CITY HEALTH DEPARTMENT Eastern Ave. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED (Type or Print) 2. DATE CORA S. WHERLEY DEATH DEC. 16, 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write BURAF and give INSTITUTION 2721 Strathmore Avenue (ownship) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 2721 Strathmore Avenue c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (in years li Under l Year last birthday) Months Days Hours Min. 8. DATE OF BIRTH female white widowed June 5, 1867 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Shrewsbury, Penna. at home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Brandt Noah Heiss 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. Mrs. Harold I. Walker, Strathmore 18. CAUSE OF DEATH 472.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (a) Cardio-vasculas diseasa LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. L OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from april 195 to Dee 195 that I last saw the deceased alive on Dec 16, 1952, and that death occurred at 4 P. m. from the causes and on the date stated above. 287 SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BUBAL CREMA-TION, REMOVAL (Specify) Burial 24c. NAME OF CEMETERY OR CREMATORY 12/19/52 Parkwood Cemalerx Baltimorek Maryland DATE RECEIVED BY 5. RUNERAL DECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR Loonard J. Ruck, 5305 Harford Road.

VS 150

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52 11404 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE Edger Decoursey (Type or Print) 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate limits, write RURAL and give Louis Pallinge Several Hamite D. STREET ADDRESS (If rural, give location) medore Road & inthum Hyper c. Length of stay in Baltimore Days 6. COLOR DR RACE AGE (in years | H Under | Year | H Under 24 Hours last birthday) | Months; Days | Hours | Min. 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) male widowed State Day NESS OR 10A. USUAL OCCUPATION (Givekind of LACE (State or foreign country) 12. CITIZEN OF work dozaduring most of working life oven if retired) WHAT COUNTRY? Balta 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or anknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or anknown) SECURITY NO. 18. 443X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Ifraerlevere cardio r LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING Severalized asterialization RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, form, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WORK 22. I hereby certify that I attended the deceased from Osc. 13 , 1952 to see. 17 , 1952 that I last saw the deceased alive on ow. 17, 1952, and that death occurred at 1:30 Am., from the causes and on the date stated above. 23A. SIGNATURE 24A. BURIAL, CREMA-240. LOCATION (City, town, or county) TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

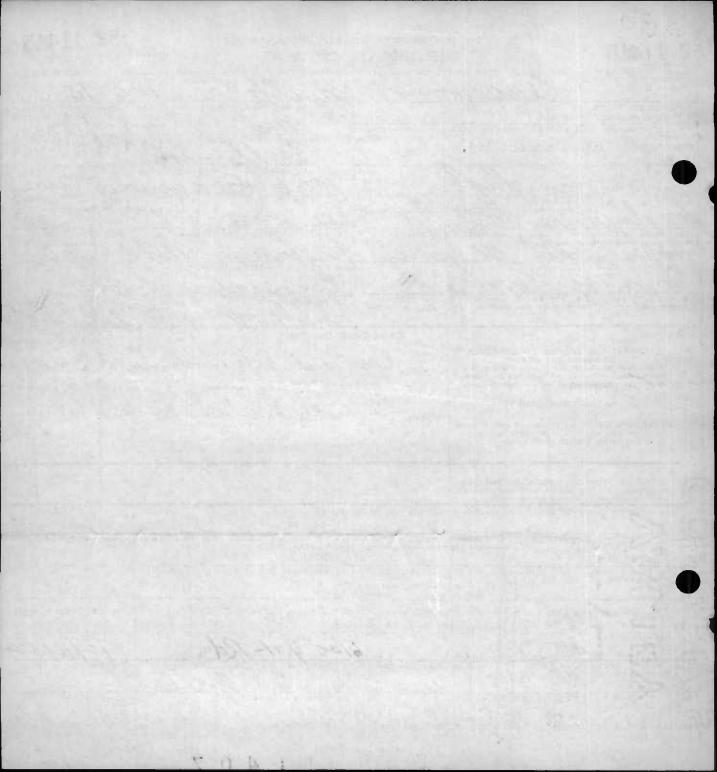


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

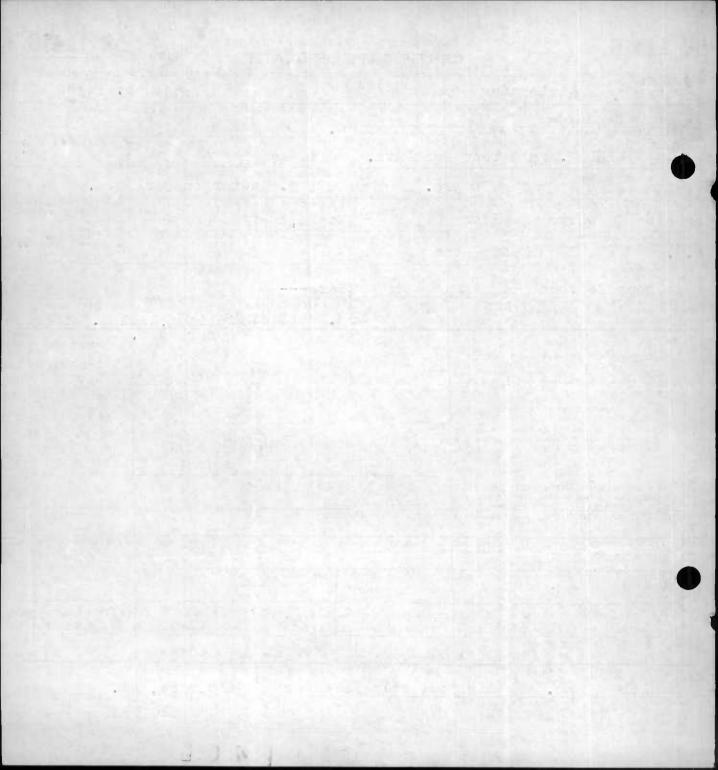
52 11445 Registered No.

	RTH NO.	CERTIFICATI				
(T	NAME OF DECEASED Slean	non I	Sm	the	2. DATE OF DEATH	C. 15-152
	PLACE OF DEATH: Baltimore City, Maryland		A. STATE	RESIDENCE (f institution : residence before admission)
HC	FULL NAME OF (If not in hospital or instit OSPITAL OR STITUTION 1006 Beautiont Ave	location)	c. CITY O	R TOWN (II	outside corporate lim	ts, write RURAL and give
18			a	Jally	more	township)
		Yrs.	D. STREET	ADDRESS (If	rural, give location)	40
	Length of stay in Baltimore	Mos. Days	100	6 02	Eaumo	m cur
5.	6. COLOR OR RACE 7. SING	LE. MARRIED, WED, DIVORCED (Specify)	8. DATE O	FBIRTH	9. AGE (in years	If Under 1 Year If Under 24 Hours Ionths: Days Hours: Min.
K	male mile mile	Lowed	Dec	3-1866	86	Tourns Days Hours Will.
10	A. USUAL OCCUPATION (Give kind of done during most of working life, every firetired)		11. BIRTH		oreign country)	12. CITIZEN OF
	House wife at	Hame	19/16	lemme	ml	WHAT COUNTRY?
13	FATHER'S NAME	11011	14. MOTHE	R'S MAIDEN N	AME	2000
	frames B Band	m	601	20 60	th. 1	allan
18	. WAS DECEASED EVER IN U. S. ARMED FORCES?	I 16, SOCIAL	17. INFOR	gun C	JAC -	220/
(You	(If yes, give war or dates of service)	SECURITY NO.	2.//	24 mens	boom 1212	Tallutin SI
-			julie	Many	and will.	mash De
	18. 334 X I		OF DEAT	H &		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTL LEADING TO DEATH	100	. 0	1 2. 1.		2
	(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise	. g., (A)	corac	arren	oscurses	33/2.
	injury or complication which caused dea	th.) DUE TO				U
	ANTECEDENT CAUSES	B	0	. /	1	1.
Z	DISTINCT OF COUNTY	(B) Len	eralez	ed arfer	es selevos	6+270
2	DISEASES OR CONDITIONS, IF ANY, GIVEN RISE TO THE ABOVE CAUSE (A) STATING	THE DUE TO	0			
	UNDERLYING CONDITION LAST.					
Y	Old Deliver in the Control of the Control	(C)				
0	CASEMENTO CONSTITUTO CAST.	(C)				
0	II .					
0	II OTHER SIGNIFICANT CONDITIONS C TRIBUTING TO THE DEATH, BUT NOT RELA	ON - TED				
CERTIFICA	II OTHER SIGNIFICANT CONDITIONS C TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING	ON - TED IT.				20. AUTOPSY2
AL CERTIFIC	II OTHER SIGNIFICANT CONDITIONS C TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING	ON - TED	RATION			20. AUTOPSY?
AL CERTIFIC	OTHER SIGNIFICANT CONDITIONS C TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJO 21A. ACCIDENT WAS UNDER. 21B. P	on. TED IT. R FINDINGS OF OPER LACE OF INJURY (e. s., i.	n or 21c. W		If in Baltimore City,	YES NO
L CERTIFIC	OTHER SIGNIFICANT CONDITIONS C TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJO	on- TED IT	n or 21c. W	HERE DID (Y OCCUR?	If in Baltimore City,	YES NO
AL CERTIFIC	OTHER SIGNIFICANT CONDITIONS C TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour)	on. TED IT. R FINDINGS OF OPER LACE OF INJURY (e. s., i.	n or 21c. W			YES NO
AL CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED THE DISEASE OF CONDITION CAUSING 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About hom CAUSE OF DEATH 21B. P about hom CAUSE OF DEATH 21B. P about hom CAUSE OF DEATH	DN- TED IT. R FINDINGS OF OPER LACE OF INJURY (e. g., i. e, farm, factory, street, office bidg., v. 21E. INJURY OCCURR WHILE AT NOT WHILE	n or 21c. W INJUR'	Y OCCUR?		YES NO
AL CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About how CAUSE OF DEATH 21B. P about how CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) DF INJURY	DN- TED IT. R FINDINGS OF OPER LACE OF INJURY (e. g., i. e, farm, factory, street, office bidg., t 21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	n or 21c. W INJUR'	Y OCCUR?	Y OCCUR?	yes No give exact location)
AL CERTIFIC	OTHER SIGNIFICANT CONDITIONS C TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJO 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. P About hom CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) DF INJURY m. 22. I hereby certify that I attended the	DN - TED IT. R FINDINGS OF OPER LACE OF INJURY (e. g., i e, farm, factory, street, office bldg., v 21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK e deceased from	n or 21c. W INJUR'	OCCUR? OW DID INJUR ., 1944 to	y occur?	give exact location) Sethat I last saw the
AL CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJO 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home CAUSE OF DEATH 21B. TIME (Month) (Day) (Year) (Hour) DF INJURY m. 22. I hereby certify that I attended the deceased alive on 15, 1952	DN- TED IT. R FINDINGS OF OPER LACE OF INJURY (e. s., i e, farm, factory, street, office bldg., i 21e. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK e deceased from c. and that death occur	en or 21c. W INJUR 21f. Ho	y occur? DW DID INJUR 1946 to 106m., from t	y occur?	give exact location) Softhat I last saw the the date stated above.
AL CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJO 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) DF INJURY 22. I hereby certify that I attended the deceased alive on 15, 1952 23A. SIGNATURE	DON- TED IT. R FINDINGS OF OPER LACE OF INJURY (e. g., i e, farm, factory, street, office bidg., office bidge, o	n or 21c. W INJUR'	y occur? DW DID INJUR 1946 to 106m., from t	y occur?	give exact location) Sethat I last saw the
MEDICAL CERTIFIC	OTHER SIGNIFICANT CONDITIONS C TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About how CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) DF INJURY 2. I hereby certify that I attended the deceased alive on Sec. 15, 1952 2.3A. SIGNATURE 3. BURIAL, CREMA-1 24B, DATE	DON- TED IT. R FINDINGS OF OPER LACE OF INJURY (e. g., i e, farm, factory, street, office bidg., office bidge, o	ED 21F. HO	, 1944 to	y occur?	give exact location) Sorthat I last saw the the date stated above.
MEDICAL CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, EUT NOT RELATED THE DISEASE OF CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJO 21A. ACCIDENT WAS UNDER. 21B. Palout home CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) Prinjury m. 22. I hereby certify that I attended the deceased alive on 15, 1952 23A. SIGNATURE	DN- TED IT. R FINDINGS OF OPER LACE OF INJURY (e. s., i e, farm, factory, street, office bidg., of	ED 21F. HO	, 1944 to	Y OCCUR? Dee , 19; he causes and on	give exact location) Sorthat I last saw the the date stated above.
MEDICAL CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, EUT NOT RELATED THE DISEASE OF CONDITION CAUSING 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) PF INJURY 22. I hereby certify that I attended the deceased alive on 15, 1952 23A. SIGNATURE A. BURIAL, CREMA- 10, REMOVAL (Specify) ALL CREMA- 10, REMOVAL (Specify) ALL CREMA- 11 ALL CREMA- 12 ALL CREMA- 13 ALL CREMA- 14 ALL CREMA- 15 ALL CREMA- 16 ALL CREMA- 17 ALL CREMA- 18 ALL CREMA- 19 ALL CREM	DON- TED IT. R FINDINGS OF OPER LACE OF INJURY (e. s., i e, farm, factory, street, office bidg., office bidg. Lace of Injury (e. s., i e, farm, factory, street, office bidg., office	ED 21F. HO Pred at 12: 33B. ADDRES	, 1944 to	Y OCCUR? Dee , 19; he causes and on	give exact location) Sethat I last saw the the date stated above. 23c. DATE SIGNED in, or county) (State)
MEDICAL CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED THE DISEASE OF CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJO 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) DF INJURY 22. I hereby certify that I attended the deceased alive on 15, 1952 23A. SIGNATURE A. BURIAL, CREMA- N. REMOVAL (Specify) ALTE RECEIVED BY CAL REGISTRAR REGISTRAR'S SIGNATORY CAL REGISTRAR REGISTRAR'S SIGNATORY CAL REGISTRAR	DN- TED IT. R FINDINGS OF OPER LACE OF INJURY (e. g., i. e, farm, factory, street, office bidg., v. 21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK e deceased from c, and that death occur M. D. 24C. NAME OF CEMETE	ED 21F. HO Pred at 12: 33B. ADDRES	, 1944 to, 1944 R	y occur? Dee , 19; he causes and on	give exact location) Sorthat I last saw the the date stated above.
MEDICAL CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, EUT NOT RELATED THE DISEASE OF CONDITION CAUSING 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) PF INJURY 22. I hereby certify that I attended the deceased alive on 15, 1952 23A. SIGNATURE A. BURIAL, CREMA- 10, REMOVAL (Specify) ALL CREMA- 10, REMOVAL (Specify) ALL CREMA- 11 ALL CREMA- 12 ALL CREMA- 13 ALL CREMA- 14 ALL CREMA- 15 ALL CREMA- 16 ALL CREMA- 17 ALL CREMA- 18 ALL CREMA- 19 ALL CREM	DN- TED IT. R FINDINGS OF OPER LACE OF INJURY (e. g., i. e, farm, factory, street, office bidg., v. 21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK e deceased from c, and that death occur M. D. 24C. NAME OF CEMETE	ED 21F. HO Pred at 12: 33B. ADDRES	, 1944 to, 1944 R	y occur? Dee , 19; he causes and on	give exact location) Sethat I last saw the the date stated above. 23c. DATE SIGNED in, or county) (State)



CERTIFICATE OF DEATH Registered No. 11416

В	IRTH NO.	LOIDEATTI
	NAME OF DECEASED Type or Print) Monica Harant	2. DATE OF Dec. 14/52
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, if institution: residence a. STATE B. COUNTY before admission)
B.	FULL NAME OF (If not in hospital or institution, give street address or location) STITUTION 1921 N. Patterson Park Ave.	
1	Length of stay in Baltimore 60 yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 1921 N. Patterson Park Ave.
	male White Widow DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under I Year last hirthday) Months Days Hours Min.
KOP	DA. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR Lobert Lober	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		Clara
(Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 11 16.	17. INFORMANT ADDRESS
		rs. Hedwige Williams, 1921 N. Patterso
	18. 4777 I	OF DEATH PATE AVE . INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	in andition bears
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	To Company of the state of the
	injury or complication which caused death.) DUE TO	V
~	ANTECEDENT CAUSES	
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
RTIFIC	(C)	
CERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY? YES NO
EDIC	21A, ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., iz about home, farm, factory, street, office bldg., e	
	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRI	
	m. WORK L AT WORK L	el , 1949 to Dee 14, 1957 that I last saw th
	22. I hereby certify that I attended the deceased from	rred at 1030 f. m., from the causes and on the date stated above
		38. ADDRESS) 23C. DATE SIGNED
	mendles M.D.	651 N Dentalon 12/16/52
TI	AA. BURIAL, CREMA, 24B. DATE ON. REMOVAL (Specify) Burial Dec. /8 /52 Most Holy R	
D	ATE RECEIVED BY REGISTRAR'S SIGNATURE.	arry H. Withe 4101 Edmondson Av
-	VS 150	0011400
	4 3 6	V 521 pl - Real West W.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

В	RTH NO.		CERTIFICATI	E OF DEATH	Registered	110
1.	NAME OF DECEASED				2. DATE	
(T	ype or Print) Mr,	James	B. Hildebrand			16/52
3. A.	PLACE OF DEATH: Baltimore City, Maryland	2025 W.	Favette Street	4. USUAL RESIDENCE ()		
В.	FULL NAME OF (If not in hosp	ital or instit	ution, give street address or	Md.	XIII I	derone diministion)
	Bon Secour	s Hosn	location)			ts, write HURAL and give township)
		- 1.00 p	Yrs.	o. STREET ADDRESS (If	rural, give location)	9
c.	Length of stay in Baltimore		Mos. Days		Riggs Avenu	
	SEX 6. COLOR OR RACE		LE. MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year If Under 24 Hours
	M. W.	Marr		10/5/19	last birthday)	Months Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired	108. KIN	D OF BUSINESS OR	11. BIRTHPLACE (State or f.	oreign country)	12. CITIZEN OF
1	alesman		Humor Co.	Baltimore Md.		WHAT COUNTRY?
13	FATHER'S NAME		Trecomm	14. MOTHER'S MAIDEN N	AME	
	William	A. Hil	debrand (C)	Pachal	Lilly	
15 (Yes	. WAS DECEASED EVER IN U. S. ARMI	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			JEGORITI NO.	irs.Mary E.Hild	lebrand. 26	04 Riggs Ave
	18. 592X			OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION	DIRECTLY	Y 11			ONSET AND DEATH
	(This does not mean the mode	of dying, e.	.g., (A)	emis		16 2245
	heart failure, asthenia, etc. It me injury or complication which	ans the dise	ase, th.) OUE TO			
	ANTECEDENT CAU	SES	CI	- A/ 1		MARKET
Z	DISEASES OF CONDITIONS		rie Naphvit	r š		
티	DISEASES OR CONDITIONS,	STATING "	THE DUE TO			
ERTIFICATION	UNDERLYING CONDITION L	AST.	(C)			
E	11					
7	OTHER SIGNIFICANT COND	ITIONS CO	ON.			
8	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELA	IT.			
اد	19A. DATE OF OPERATION	198. MAJO	R FINDINGS OF OPER	ATION		20. AUTOPSY?
S	214 ACCIDENT WAS UNDER	21e DI	ACE OF INJURY (e.g., in	and safe WHERE DID. (1	G in Dalain O'A	YES NO
MEDICAL	21A. ACCIDENT WAS UNDER- LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	about home	a, farm, factory, street, office bldg., et	or 21c. WHERE DID (I bc.) INJURY OCCUR?	f in Baltimore City,	give exact location)
2	21D. TIME (Month) (Day) (Year) (Hour)	21E, INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?	
	I INSUR	m.	WHILE AT NOT WHILE			
	22. I hereby certify that I at	tended th	e deceased from 11-	- 25 1952 to 1	2 - 15 19-	52 that I last saw the
	deceased alive on 12-16	, 19.52	and that death occur	red at M: 16 Am., from t	he causes and on	the date stated above.
	222 SIGNATURE 9/	1		B. ADDRESS	1/201	23c. DATE SIGNED
24	A. BURIAL, CREMA- 248. DATE	-/~v	L4C NAME OF CEMETER	RY OR CREMATORY 240. L	OCATION (City, town	n, or county) (State)
Bu	rial Dec. 19	/52	Loudon Park	the second second second	imore, Md.	
	TE RECEIVED BY REGISTRAR	- August		25. FUNERAL DIRECTOR	//	ADDRESS
1	EC 17 1957 Thunte	ylon	Villaus, Mil	army H. With	te 4707 m	lmondae- t-
	VS 150	0	11	, /		**************************************
		0 5	2 0490	6.RADO		
		-	En 3,3	1400		

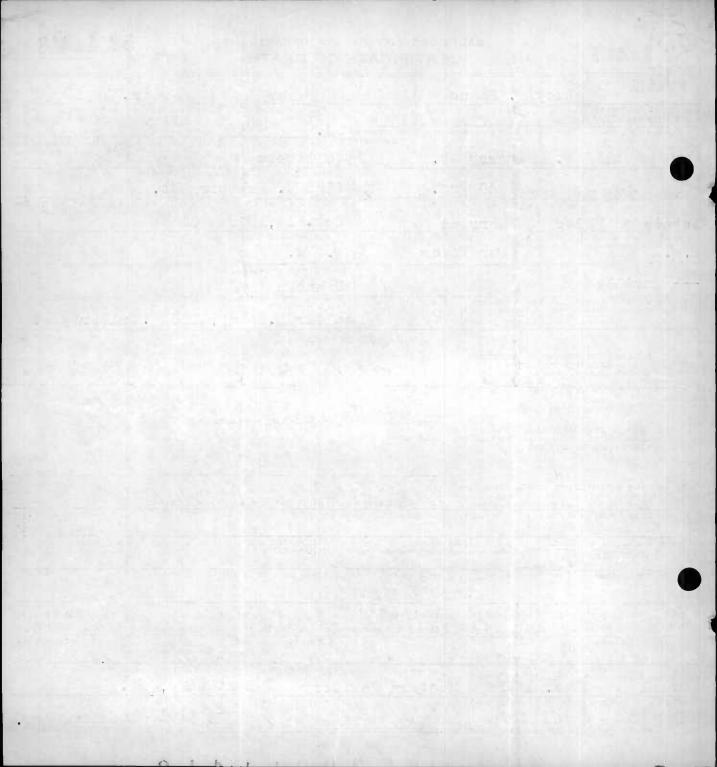
a role of Paralle A mark 7 Star No. 1

52 11418

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 11448 Registered No. 11448

1	IRTH NO.	48?		CERTIFICATI	OF DEATH	Registered	110
1.	NAME OF E					2. DATE	,
C	Type or Print)	Lucy E	. Pay	ne		DEATH DEC	15/52
Α.		City, Maryland			A. STATE	E (Where deceased lived, i B. COUNTY	
H	FULL NAME OSPITAL OR ISTITUTION			ution, give street address or location)	c. city or town	(If outside corporate lim	its, write RURAL and give township)
-	7	2133 W. Mul	berry		Baltimore		
c.	Length of s	stay in Baltimore	40	Yrs. Mos. Days	2133 W. Mul		
	sex male	6.COLOR OR RACE		LE, MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH Oct. 17,186	last birthday) M	If Under 1 Year I Under 24 Hours 1 onths Days Hours Min.
		CUPATION (Givekinder		ID OF BUSINESS OR	II. BIRTHPLACE (State		12. CITIZEN OF
H.	done during most	of working life, even if retired)	_	Home INDUSTRY	W. VA.		WHAT COUNTRY?
	FATHER'S				14. MOTHER'S MAIDE	N NAME	
	Savi	Lle			Unknown		
15	. WAS DECEAS	ED EVER IN U. S. ARMES	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
(10	s, no or unknown)	(11 yee, give war or cate	s or service)	SECURITY NO.	Walter L. Pay	ne, 2133 W. III	ilherry St
-	18. Us			011107	OF DEATH	224	INTERVAL BETWEEN
	7,	SE OR CONDITION LEADING TO DEA			desVase	ula Colla	ONSET AND DEATH
	(This doe	s not mean the mode oure, asthonia, etc. It mea	of dying, e	. g., (A)	acorusc	mar our	2001 Ways
		complication which			440.000		
		ANTECEDENT CAUS	SES	0.1	- 10		2
NO				(B) Url	erionece	roses	
은	DISEASE	S OR CONDITIONS, 1	F ANY, GIV	THE DUE TO			
CAJ	UNDERL	YING CONDITION LA	AST.	1712			
FIG							
F		11		(C)		011	
ERTI		SIGNIFICANT CONDI			le la serie	Hermas	
Ü	TD THE	DISEASE OR CONDITION	CAUSING	IT. Comments	Maguer	Momma	
۲	ISA. DATE	OF OPERATION 0 1	9B. MAJO	R FINDINGS OF OPER	ATION		20. AUTOPSY?
O	314 ACCID	ENT, SUICIDE,	1 215 0	LACE OF INJURY (e. g., iz	or 21c. WHERE DID	(If in Baltimore City,	YES NO
IEDICA	HOMICIDE	(Specify)	about home	e, farm, factory, street, office bldg., e	injury occur?	(If in Baltimore City,	give exact location)
	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	D 21F. HOW DID INJ	JURY OCCUR?	
	or mooki		m.	WHILE AT NOT WHILE			
	22 I honel	by certify that I att	-		107/40	DEC/5, 190	Kat I last saw the
				and that death occur			
	23A. SIGNA		_, 19		3B. ADDRESS	m the causes and on	23c. DATE SIGNED
	1	T. alay	ica	м. р.	3 26 Fulls	sestan	12/16/53
TI	4A. BURIAT. ON REMOVAL (S LTI21	CREMA- Specify)	3/52	Western Cen		Location (City, town	
D	ATE RECEIVE				25. FUNERAL DIRECT		ADDRESS
L	DEC 17	1952 Huntin	yton	Williams, H	army A. lies	1 4101 Edr	mondson Ave.
	VS 150	TO S Riv	0		// //		



Registered No. 11419 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RERAE and give INSTITUTION Yrs. D. STREET ADDRESS (If rura, give location) Mos. c. Length of stay in Baltimore Davs mens 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) last birthday) | Months Days | Hours Min. 1arries 30 IOA. USUAL OCCUPATION (Give kind of) TOB. KIND OF BUSINESS OR 11. BLATHPLACE (State or foreign country) 12, CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Engineer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME asper u 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. 4201 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 正 RH OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES NO 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? NOT WHILE WHILE AT 195 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive afte 1 1952 and that death occurred at 2 11m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. PURIAL, CREMA-TION DEMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Duria

25. FUNERAL DIRECTOR

ADDRESS

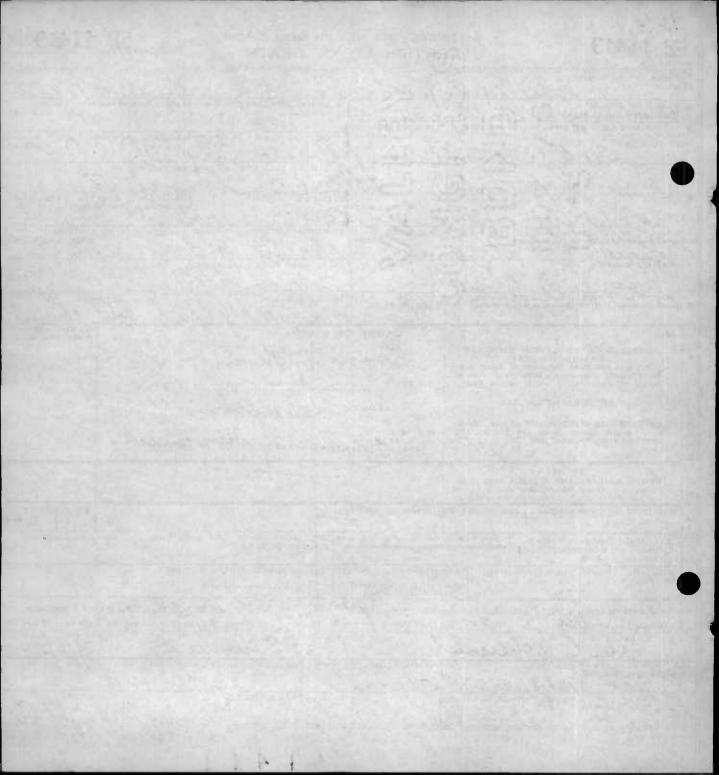
VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

muylon



Inysicians: please write the causes of death clearly and legibly.

specially important.

St age marina

BALTIMORE CITY HEALTH DEPARTMENT

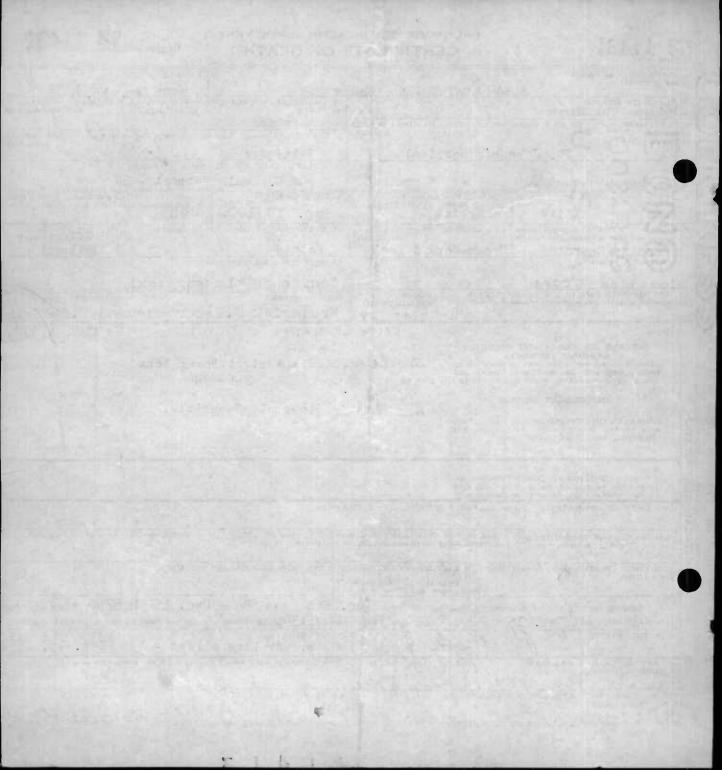
Registered No. 11430

BI	RTH NO.			CLICITI ICA	L OI DEATI			
	NAME OF D	ECEASED				2. DATE		
(1	ype of Time)	Mr. Cha	rles S	hafer		DEATH Dec.	13.1952	
A.		City, Maryland			A. STATE Md	NCE (Where deceased lived. B. COUNTY	If institution; residence before admission)	
	FULL NAME			tion, give street address	or	(76 - m - 14 45) - 1 4:	J. 5300	
	STITUTION	St. Joseph		pital	C. CITT OR TOWN	(II outside corporateann	nits, write RUHAL and give township)	
11/4	4	1400 N (arolin		Balto.	6	#	
	Marcaria de la constanta de la		710	Yrs. Mos.		SS (If rural, give location)		
		tay in Baltimore	lif	e Days	1 518 N. Clin			
5.	SEX	6. COLOR OR RACE		E, MARRIED, VED, DIVORCED (Specif	8. DATE OF BIRTH		Months; Days Hours; Min.	
	Male	White	Ma	rried	"Aug. 5, 1886	66		
work	A. USUAL OC denne during most of Oreman—	CUPATION (Give kind of of working life, even if relired)		of BUSINESS OR INDUSTR		tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
13	FATHER'S	NAME			14. MOTHER'S MAI		1 USA	
		John Sha	fer		Section 1	unknown		
15	. WAS DECEASE	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS	
(Ye	i, no or unknown) NO	(If yes, give war or dete	e of service)	SECURITY NO.	Margaret Sha		ADDRESS	
-	18. // 5			CAUCE		.01 00000	INTERVAL BETWEEN	
	41	7.1		CAUSE	OF DEATH		ONSET AND DEATH	
		SE OR CONDITION LEADING TO DEA	TH	TIME	N/T A			
	(This does heart failu	not mean the mode oure, asthenia, etc. It mea	of dying, e. :	g., (A) URE	WI 128	***************************************		
		complication which						
		ANTECEDENT CAUS	SES					
z	DISEASES OR CONDITIONS, IF ANY, GIVING							
2	RISE TO T	HE ABOVE CAUSE (A)	STATING TI	NG HE DUE TO				
4	UNDERLY	YING CONDITION LA	ST.	(C)				
21				(67	•••••••••••••••••••••••••••••••••••••••			
RTIFICATION		11						
四		GIGNIFICANT CONDI						
U	The second second	ISEASE OR CONDITION						
	19A. DATE C	F OPERATION 1	9B, MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?	
O			1 210 DI	ACE OF INJURY (Late Willer Di	D (If in Patrian City	YES NO	
MEDICAL		R CONTRIBUTING DEATH		ACE OF INJURY (e. g., form, factory, street, office bldg			, give exact location)	
à	210. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCUR	RED 21F. HOW DID	INJURY OCCUR?		
	OF INSORT		m.	WHILE AT NOT WHILE AT WORK				
	22. I hereb	y certify that I att	ended the	deceased from De	c.3,1952,19	, to Dec. 13,1958	_, that I last saw the	
			19.52	and that death occu	erred at 8:55 BM	from the causes and on	the date stated above.	
Н	23A. SIGNA	TURE Carlestion	-P	W D	238. ADDRESS 1400 N. Carol	ine St.	12/13/52	
24	A. BURIAL, (S	CREMA- 248. DATE			ERY OR CREMATORY	24D. LOCATION (City, tow		
TIC	Buria		1952	Oak Lawn Cem	etery	Baltimore, Md.		
D/ L	ATE RECEIVE	RAR IL	SSIGNATI	Williams (Schimunek Fi	ector ineral Home, Inc	ADDRESS	
=	VE 150	1437 110000	7	Harrison I'm	1 2601-3-5 E.	Madison St.		
	VS 150		4	55	364			
					273	4 1 2	A Principal Control	

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 11421

		THE RESERVE AND DESCRIPTION OF THE PARTY.			
I. NAME OF DECEASE (Type or Print)	D			2. DATE	
	ANNA	CATHERINE BAU		DEATH DEC	15, 1952
3. PLACE OF DEATH: A. Baltimore City, Ma	arvland		4. USUAL RESIDENCE (W	here deccased lived. If B. COUNTY	institution: residence before admission)
B. FULL NAME OF (I		titution, give strect address or	Maryland		
HOSPITAL OR INSTITUTION		location)	c. CITY OR TOWN (If	outside corporate limit	s, true RURAL and give
11/	St. Joseph's	Hospital	Baltimore	10	township)
		Yrs.	D. STREET ADDRESS (If		
c. Length of stay in I		25 yrs. Mos. Days	647 S. Lehigh	Street - 24	
5. SEX 6. COLO		NGLE, MARRIED,	8. DATE OF BIRTH	9. AGE (In years)	H Under 1 Year Hours Min
Female W	Thite Ma	DOWED, DIVORCED (Specify)	Sep. 16 1909	43	onths Days Hours Min.
10A. USUAL OCCUPATION WORK done during most of working li	ON (Givehinder 10B. h	(IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
Machine Oper		m Cork & Seal	Poland	A F	Poland
13. FATHER'S NAME	, , ,	constantal	14. MOTHER'S MAIDEN NA	ME	TOTALL
Alexander Cy	real	A Comment of the Comm	Constance Lui	kaszewski	
15. WAS DECEASED EVER	IN U.S. ARMED FORCE		17. INFORMANT		DDRESS 647
(Yes, no or unknown) (If yes,	give war or dates of service	SECURITY NO.			
leo mi		215-10-8498		ader unapa	INTERVAL BETWEEN
18. 490 X	1		OF DEATH		DNSET AND DEATH
	CONDITION DIRECT	TLY		TO WIND YOU	
(This does not mea	NG TO DEATH in the mode of dying	e.g. (A) Right	middle & right 1	ower lobe	
heart failure, asther	nia, etc. It means the d	iscase,	neur		***************************************
injuly of complica	winer caused (leath.) DOE 1D	2220		
	EDENT CAUSES	Chan	ic Glomerula Neph	mi+i-	
DISEASES OR CO	NDITIONS, IF ANY,		iic Gromerara Neph	11018.	
RISE TO THE ABOV	E CAUSE (A) STATIN				3 - 4 3 1 1 1
S ONDERETING CO	NOTITOR EAST.	(C)		*************	······································
<u>u</u>					
OTHER SIGNIFIC	ANT CONDITIONS	CON-			
TO THE DISEASE O	DEATH, BUT NOT RE	LATED			
19A. DATE OF OPER		JOR FINDINGS OF OPER	ATION		
The state of the s	2/				20. AUTOPSY?
∢					20. AUTOPSY?
U ASSIDENT III		PLACE OF INJURY (e. g., in	a or 21c. WHERE DID (I	f in Baltimore City,	YES X NO
21A. ACCIDENT WA		PLACE OF INJURY (e. g., in ome, farm, factory, street, office bldg., c	a or 21c. WHERE DID (I	f in Baltimore City,	YES X NO
21a. ACCIDENT WALYING OR CONTE	RIBUTING about h	ome, farm, factory, street, office bldg., e	etc.) INJURY OCCUR?		YES X NO
21A. ACCIDENT WA LYING OR CONTE	RIBUTING about h	ome, farm, factory, street, office bldg., c	etc.) INJURY OCCUR?		YES X NO
21A. ACCIDENT WALLYING OR CONTECTION OF DEATH	RIBUTING about h	ome, farm, factory, street, office bldg., e	etc.) INJURY OCCUR?		YES X NO
21A. ACCIDENT WAS LYING OR CONTE CAUSE OF DEATH 21D. TIME (Month) OF INJURY	RIBUTING about h (Day) (Year) (Hour)	ome, farm, factory, street, office bldg., office like in the last of the last	ED 21F. HOW DID INJURY	OCCUR?	YES X NO give exact location)
21a. ACCIDENT WAS LYING OR CONTE CAUSE OF DEATH 21b. TIME (Month) OF INJURY 22. I hereby certify	RIBUTING about h (Day) (Year) (Hour) y that I attended	ome, farm, factory, street, office bldg., of	ED 21f. HOW DID INJURY	Dec. 15 , 19 5	YES NO Sive exact location)
21a. ACCIDENT WAS LYING OR CONTE CAUSE OF DEATH 21b. TIME (Month) OF INJURY 22. I hereby certification	RIBUTING about h (Day) (Year) (Hour) y that I attended	while at work the deceased from Dec	ED 21f. HOW DID INJURY 2. 8th , 19 52to red at 8:30p m., from to 38. ADDRESS	Dec. 15, 195 te causes and on the	YES NO Sive exact location)
21a. ACCIDENT WAS LYING OR CONTE CAUSE OF DEATH 21b. TIME (Month) OF INJURY 22. I hereby certify deceased alive on	RIBUTING about h (Day) (Year) (Hour) y that I attended	while at work the deceased from Dec	ED 21f. HOW DID INJURY 2. 8th , 19 52to red at 8:30p m., from the	Dec. 15, 195 te causes and on the	YES NO Sive exact location) 2 that I last saw the date stated above.
21A. ACCIDENT WAS LYING OR CONTE CAUSE OF DEATH 21D. TIME (Month) OF INJURY 22. I hereby certify deceased alive on 23A. SIGNATURE	RIBUTING about h (Day) (Year) (Hour) y that I attended	while at NJURY OCCURRENCE WHILE AT NOT WHILE AT WORK the deceased from D	ED 21F. HOW DID INJURY 2. 8th , 19 52to red at8:30p m., from to 38. ADDRESS 400 N. Caroline S	Dec. 15, 195 te causes and on the	YES X NO Rive exact location) 2 that I last saw the date stated above. 23c. DATE SIGNED Dec. 15, 1956
21A. ACCIDENT WAS LYING OR CONTE CAUSE OF DEATH 21D. TIME (Month) OF INJURY 22. I hereby certify deceased alive on 23A. SIGNATURE 24A. BURIAL, CREMA TION, REMOVAL (Specify)	(Day) (Year) (Hour) y that I attended Dec. 15, 19	while at NJURY OCCURRENCE WHILE AT NOT WHILE AT WORK the deceased from D	ED 21F. HOW DID INJURY 2. 8th , 19 52to red at8:30p m., from to 38. ADDRESS 400 N. Caroline S	Dec. 15, 195 the causes and on the treet - 13 DOCATION (City, town,	YES X NO Sive exact location) 2 that I last saw the date stated above. 23c. DATE SIGNED Dec. 15, 1956
21A. ACCIDENT WALLYING OR CONTECTIVE OF DEATH 21D. TIME (Month) OF INJURY 22. I hereby certified deceased alive on 23A. SIGNATURE 24A. BURIAL, CREMATION, REMOVAL (Specify)	(Day) (Year) (Hour) Ty that I attended Dec. 15, 19 24B. DATE	the deceased from December of the de	ED 21F. HOW DID INJURY 2. 8th , 19 52to red at 8:30p m., from the second of the seco	Dec. 15, 195 the causes and on the treet - 13	yes X No Egive exact location) 2 that I last saw the he date stated above. 23c. DATE SIGNED Dec. 15, 1956 or county) (State)
21A. ACCIDENT WALLYING OR CONTECTIVE OF DEATH 21D. TIME (Month) 21D. TIME (Month) 21D. TIME (Month) 22. I hereby certified deceased alive on 23A. SIGNATURE 24A. BURIAL, CREMATION, REMOVAL (Specify)	(Day) (Year) (Hour) y that I attended Dec. 15, 19 24B. DATE	while AT NOT WHILE AT WORK the deceased from Deceased from Deceased that death occur and the death occur and that death occur and that death occur and that death occur and the death occur and	ED 21F. HOW DID INJURY 2. 8th , 19 52to red at8:30p m., from to 38. ADDRESS 400 N. Caroline S	Dec. 15, 195 the causes and on the treet - 13 DOCATION (City, town,	YES X NO Sive exact location) 2 that I last saw the date stated above. 23c. DATE SIGNED Dec. 15, 1956
LYING OR CONTECTION OF INJURY 21D. TIME (Month) OF INJURY 22. I hereby certifing deceased alive on 23a. SIGNATURE 24a. BURIAL, CREMATION, REMOVAL (Specify) DATE RECEIVED BY	(Day) (Year) (Hour) Ty that I attended Dec. 15, 19 24B. DATE	while AT NOT WHILE AT WORK the deceased from Deceased from Deceased that death occur and the death occur and that death occur and that death occur and that death occur and the death occur and	ED 21F. HOW DID INJURY 2. 8th , 19 52to red at 8:30p m., from the second of the seco	Dec. 15, 195 the causes and on the treet - 13 DOCATION (City, town,	yes No Rive exact location) 2 that I last saw the he date stated above. 23c. DATE SIGNED Dec. 15, 1956 or county) (State)
21a. ACCIDENT WALL LYING OR CONTECTION OF INJURY 21b. TIME (Month) 22c. I hereby certified deceased alive on 23a. SIGNATURE 24a. BURIAL, CREMATION, REMOVAL (Specify) DATE RECEIVED BY	(Day) (Year) (Hour) y that I attended Dec. 15, 19 24B. DATE	while AT NOT WHILE AT WORK the deceased from Deceased from Deceased that death occur and the death occur and that death occur and that death occur and that death occur and the death occur and	ED 21F. HOW DID INJURY 2. 8th , 19 52to red at 8:30p m., from the second of the seco	Dec. 15, 195 the causes and on the treet - 13 DOCATION (City, town,	yes No Rive exact location) 2 that I last saw the he date stated above. 23c. DATE SIGNED Dec. 15, 1956 or county) (State)
21a. ACCIDENT WALLYING OR CONTECTION OF INJURY 22. I hereby certificeceased alive on 23a. SIGNATURE 24a. BURIAL, CREMATION, REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR	(Day) (Year) (Hour) y that I attended Dec. 15, 19 24B. DATE	while AT NOT WHILE AT WORK the deceased from Deceased from Deceased that death occur and the death occur and that death occur and that death occur and that death occur and the death occur and	ED 21F. HOW DID INJURY 2. 8th , 19 52to red at 8:30p m., from the second of the seco	Dec. 15, 195 the causes and on the treet - 13 DOCATION (City, town,	yes No Rive exact location) 2 that I last saw the he date stated above. 23c. DATE SIGNED Dec. 15, 1956 or county) (State)
21a. ACCIDENT WALLYING OR CONTECAUSE OF DEATH 21b. TIME (Month) 21c. TIME (Month) 22. I hereby certificeeased alive on 23a. SIGNATURE 24a. BURIAL, CREMATION, REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR	(Day) (Year) (Hour) y that I attended Dec. 15, 19 24B. DATE	while AT NOT WHILE AT WORK the deceased from Deceased from Deceased that death occur and the death occur and that death occur and that death occur and that death occur and the death occur and	ED 21F. HOW DID INJURY 2. 8th , 19 52to red at 8:30p m., from the second of the seco	Dec. 15, 195 the causes and on the treet - 13 DOCATION (City, town,	That I last saw the date stated above 23c. DATE SIGNED Dec. 15, 195.



Physicians: please write the causes of death clearly and legibly.

correct age is especially important.

V S 151

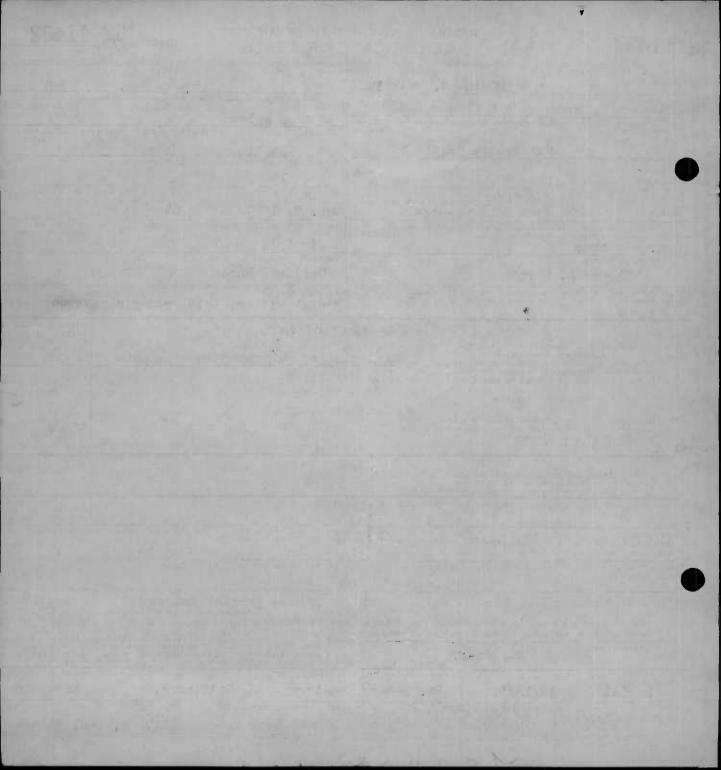
BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 11422

BIRTH	NO.			CE	RIFICA	IE OF DEAT	Н	registere	4 110		MIT
	e OF DECE or Print)		THOMAS	R.	MARTIN			2. DATE OF DEATH Dec	. 16.	1952	
	CE OF DEAT	H: , Maryland				4. USUAL RESID	ENCE (W	There deceased lived B. COUNTY	l. If institu	tion : reside	
B. FULI	L NAME OF	(If not in hospit	tal or institu	tion, gi			land)	
INSTIT	TAL OR UTION				locatio	c. CITY OR TOW	N (If	outside corporate l	imite, writ		and give wnship)
		Unive	rsity H	lospi	tal Yr		imore	rural give levation			
Lon	oth of stan	in Baltimore			Mo		. Prat		,		
5. SEX		COLOR OR RACE				8. DATE OF BIRT		9. AGE (In years			er 24 Hours
Male		hite	Ma	arrie		Oct. 7, 188		last birthday)			
10 A. U.	SUAL OCCU: during most of wo	PATION (Give kind of rking life, even if retired)	10B. KIN	DOFE	BUSINESS OR INDUST		(State or fo	oreign country)		HAT COL	
Ret						Virginia					
13. FA	Thoma	as S. Marti	.n		(R	Sallie Jo		AME			1
15. WA	S DECEASED E	EVER IN U.S. ARME (If yes, give was or date	D FORCES?		SOCIAL SECURITY NO	17. INFORMANT Beulah Mill	.er, 18	815 Freder	ADDRE	enue '	
18.	0029				CAUS	E OF DEATH				TERVAL 8	
		OR CONDITION	DIRECTLY						0	NSET AND	DEATH
	LI	EADING TO DEA	TH		(A) Disse	minated pulmo	nary t	tuberculosi	8		
	heart failure,	asthenia, etc. It me: mplication which	ans the disea	se,	DUE TO						
4	ANTECEDENT CAUSES										
7	(8)									***************************************	
0	RISE TO THE	ABOVE CAUSE (A)	STATING T		DUE TO						
TA	ONDERLIN	G CONDITION L	ASI.		(C)					*************	
ERTIFICATION		11									
T.	TRIBUTING TO	THE DEATH, BUT	NOT RELAT	ED							
(177)		ASE OR CONDITION		- 47	DINGS OF OP	EPATION				O. AUTOI	DCV2
liga Liga	. DATE OF C	DPERATION	198, MAJOR	FINE	JINGS OF OF	EKATION				7	ND
INU	DERLYING [CAUSE WAS OR CONTRIB-	about home,	ACE O	FINJURY (e. p tory, street, office bld	g.,etc.) 21C. WHERE	DID (I UR?	f in Baltimore Cit	ty, give ex		
210	TIME (Mo	nth) (Day) (Year) (Hour)	21E. I	NJURY OCCUP		D INJURY	OCCUR?	- 12	<u>и и п.</u>	
0,	INSORT		m.	WHILE A							
22.	I certify	that I took char	rge of the	rema	ins described	l above, held an p	artial	Lautopsy		reon and	l from
	22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated about and death in my opinion resulted from: natural causes X, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \).									above,	
23/	a. SIGNATUF		3/1	ist	her	23B. CHIEF M	EDICAL I	EXAMINER	23c. DA		D
ZAA. I	BURIAL, CRE	ifar) .	1.0	24c. N	AME OF CEME	TERY OR CREMATORY	24D. LO	OCATION (City, to			(State)
11011, 11	burial	12/18/	/52	St	. Peters			timore,		Maryla	ind
	RECEIVED E		'S SIGNAT	/ / / "		25. FUNERAL DI			ADD		
DEC	17195	2 Honor	years 1	Ville	aus-, Mis	Nm. Cook	e, me	c. 1217 S	t. Pau	1 Stre	eet

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52 11433

one causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 11433 Registered No.

(T	'ype or Print)	Man	ion E	. Mill	27	OF DEATH	(5) Hans
	Baltimore C	EATH: lity, Maryland			4. USUAL RESIDER	NCE (Where deceased lived, In	institution : residence before admission)
H	FULL NAME OSPITAL OR	OF (If not in hospita	al or institution,	give street address of		Alf outside cornorate ami	t, write RURAL and give
IN	ISTITUTION	3703 75	ctor s	7.	C. CITT OR TOWN	Balto	township)
		755 5		Yrs. Mos.	D. STREET ADDRES	(If rural, give location)	4
	Length of st	ay in Baltimore	B CINCLE I	Days		Victor s/	,
1	Male	White	Mar	ARRIED. DIVORCED (Specific	0/9/187	16 last birthday) M	onths Days Hours Min.
worl	done during most o	CUPATION (Give kind of f working life, even if retired)	10B. KIND O	INDUSTR	Y	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S N		avine	MAJCER	14. MOTHER'S MAII		
	The	omas X.	mill	EN	Laur	()	,
15 (Ye	. WAS DECEASE	D EVER IN U. S. ARMED (If yes, give war or dates	FORCES? 1	6. SOCIAL SECURITY NO.	17. INFORMANT		OPRESS
	No		~ /	SECORITI NO.	Harrian his	hlet St. Vici	os et.
	18. 44	3 X		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDITION I LEADING TO DEAT	H	11.	extend ?		1Decem
	heart failui	not mean the mode of	ns the disease,	(A)	resumment in	Messac Rolls	a January
	STATE OF THE STATE OF	complication which co		DUE TO			
z		ANTECEDENT CAUS	ES	(B)			
0	RISE TO TH	OR CONDITIONS, IF	STATING THE	DUE TO	***************************************	***************************************	•••••••••••••••••••••••••••••••••••••••
FICATION	UNDERLY	ING CONDITION LAS	ST.	(C)	,		
		11					
CERTI		GNIFICANT CONDITO THE DEATH, BUT I					
ਹ	TO THE DI	SEASE OR CONDITION	CAUSING IT.	NDINGS OF OPE	RATION		20. AUTOPSY?
AL		o zazarono i	ob. MAJOR TI	Nones of or E	NATION .		YES NO
MEDICAL	21A. ACCIDE LYING OR CAUSE OF I	ENT WAS UNDER- CONTRIBUTING	21B. PLACE about home, farm,	OF INJURY (e. g., factory, street, office bldg	in or 21c. WHERE DII		give exact location)
2	210. TIME (Month) (Day) (Year)	(Hour) 21E	. INJURY OCCUR	RED 21F. HOW DID	INJURY OCCUR?	
				RK NOT WHIL			
		certify that I atte		•	19		that I last saw the
	deceased all		, 19 5 t, and	that death occi	23B. ADDRESS	from the causes and on t	he date stated above.
	NA	wel Z. Il	ver 1/2	Tu Mesto.	2201 Wich	ils live	12/17/50
Tie	A. BURIAL CON REMOVAL (S)	12/19	1/52 240	More Las	ed Park	Panker'lle	or county)/ (State)
	ATE RECEIVED CAL REGISTE DE C		SIGNATURE	Elliaus, My	W- Cook	CTOR Pac, 1217 8t,1	Paul J.
	VS 150	94 100	Ú			1	

Hopertine Coding Karies Kyseen and 2 per sice 16 min se s so the the survey of the 12/11/50

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minording. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 11424

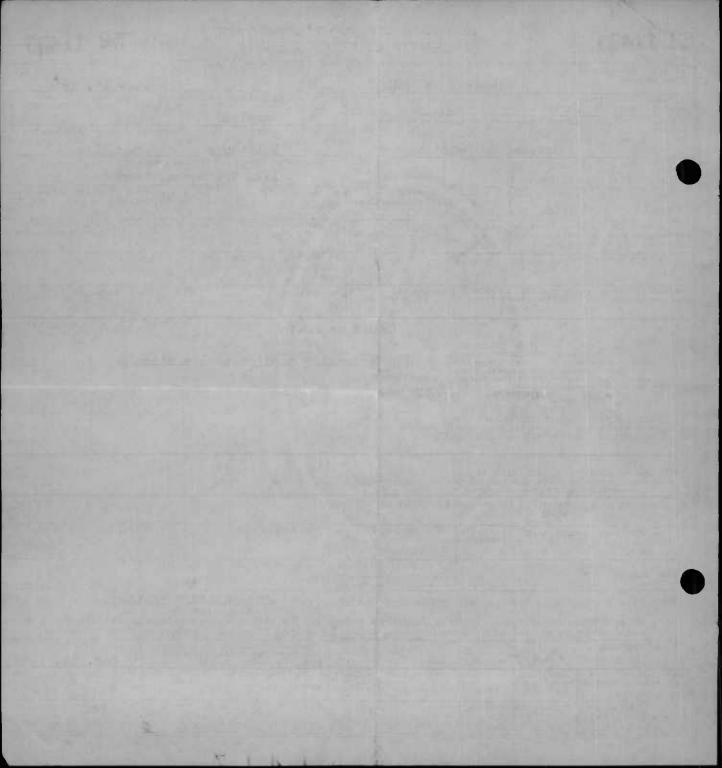
(Type o	or Print) Sister Mancia Nally	(Mary Wally) 2. DATE DECEmber 16-1952
A. Bal	timore City, Maryland - Baltimore, Md.	4. USUAL RESIDENCE (Where deceased lived, Drinstitution residence A. STOTE B. COUNTY Defore admission)
	L NAME OF (If not in hospital or institution, give street address or	
	TAL OR Docation)	C. CITY OF TOWN (If outside corporate limits, write RURAL and give township)
	Yrs.	D. STREET ADDRESS (If rural, give location)
	gth of stay in Baltimore 4 Worth Days	6000
5. SEX		8. DATE OF BIRTH 9. AGE (in years I Under I Year I Under 24 Hours
Jem	ale White WIDOWED DIVORCED (Specify)	May 2 1872 last birthday) Months Days Hours Min.
Work doze	SUAL OCCUPATION (Give kind of during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
	during most of working life, even if retired) Party of Charles	Boston = Mass - U.S. G.
13. FA	THER'S NAME	14. MOTHER'S MAIDEN NAME
2	dward Nally	301-1-1 Sult To
15. WAS	S DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Margaret 100-10 mough
	S DECEASED EVER IN U. S. ARMED FORCES? IT unknown) (If yes, give war or dates of service) SECURITY NO.	Distr Mars Josetta - Villa St Michael
18.	33/X CAUSE	OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	LEADING TO DEATH	Cerebral Hemosheer 7da.
1	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
1	njury or complication which caused death.) DUE TO	-0 0 /
	ANTECEDENT CAUSES	Vascio salosais
S C	DISEASES OR CONDITIONS, IF ANY, GIVING	uno recordes,
Ĕ F	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
S C	(C)	
CERTIFICATION	11	
2 0	OTHER SIGNIFICANT CONDITIONS CON-	
W 7	TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
. 19A	. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
EDICAL LY CA		YES NO
21/	A. ACCIDENT WAS UNDER. 218. PLACE OF INJURY (e.g., in	n or 21c. WHERE DID (If in Baltimore City, give exact location)
E CA	ING OR CONTRIBUTING about home, farm, factory, street, office bldg., e USE OF DEATH	to.) INJURY OCCUR?
210	TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?
Or Or	m. WHILE AT NOT WHILE AT WORK AT WORK	
22.	I hereby certify that I attended the deceased from	2/10 , 19 2 to 12/16 , 19 2 that I last saw the
		red at 10 Am., from the causes and on the date stated above.
		38. ADDRESS 23c. DATE SIGNED
	h). I. alagea M.O.	3340 Millione ax1416/52
Z4A. E	BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)
Bu	erial Dec-18-1952 St. Josepha	emetiry Emmitsburg Marisland
	RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
TOE	CITIES Hantington Vallacus, Mg	tewart & Mowen Co. 108 W. North Ca.
V	7S 150	1.4, 41

clearly and legibly.

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BALTIMORE CITY HEALTH DEPARTMENT

	上上母母	A)		CERTIFICATI	E OF DEATH	Registered	MC-TT-459
	TH NO.	5051050				Longe	
	NAME OF D pe or Print)		MARGARET	MALOY		2. DATE OF DEATH DEC.	15, 1952
	PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE	E (Where deceased lived, In B. COUNTY	f institution: residence hefore admission)
B. F	ULL NAME		al or institution	on, give street address or			
	TITUTION			location)	c. CITY OR TOWN	(If outside corporate limi	ts, write R (R de and give township)
3	V	Univer	sity Hos		Baltim		
8.				Yrs. Mos.		(If rural, give location)	10
5. S		tay in Baltimore	7 SINGLE	Days MARRIED,	8. DATE OF BIRTH		If Under 1 Year If Under 24 Hours
	emale	White		ED, DIVORCED (Specify)		6 Jast birthday) M	onths Days Hours Min.
10A work d	lone during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY		e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S		2 2	, ,	14. MOTHER'S MAIDE		
		Lanatie	vs 3	orre	Catherine	myers	
15. (Yes,	WAS DECEAS: no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES!	16. SOCIAL SECURITY NO.	Tawrence 7	naloy	ADDRESS
ERTIFICATION	DISEASE (This does heart failt in jury or	SE OR CONDITION LEADING TO DEA s not mean the mode ure, asthenia, etc. It mes complication which ANTECEDENT CAU: SOR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT COND G TO THE DEATH, BUT USEASE OR CONDITION	TH of dying, e. g ons the disease caused death. SES F ANY, GIVIN STATING TH AST. ITIONS CON NOT RELATE:	(A) Hyperts (B)		scular disease	INTERVAL BETWEEN ONSET ANO OEATH
1 1	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSÝ1
AL-			1 015 011	CE OF IN U.S.Y. /	n or 21c. WHERE DID	(If in Baltimore City,	YES NO A
اجا	UNDERLYIN	NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH.	about home, fa	CE OF INJURY (e. g., i rm,factory,street,office bldg.,		(II III DELLIMORE CITY,	give exact location)
Σ	21b. TIME OF INJURY	(Month) (Day) (Year)	w	HILE AT NOT WHILE WORK	ED 21F. HOW DID IN	JURY OCCUR?	
	the ev	idence obtained by eath in my opinion	ge of the s	remains described of the second of the secon	Auto Inquiry, find that sa S \(\bar{\Delta} \), accident \(\bar{\Delta} \), sui 23B. CHIEF MEDIO ASSISTANT MEDIO	CAL EVAMINED	hc day stated above.
TION	A. BURIAL.	CREMA- 24B. DATE Specify) 12-18	52 2	49. NAME OF CEMETE		40. LOCATION (City, town	
	TE RECEIVE	PAR	S SIGNATU	THE SECTION AS	om 9 less	melly- 4/8	Eastern ligh
VS	151		0			, O Ballo	,21. Hhd.
			-53			4.	

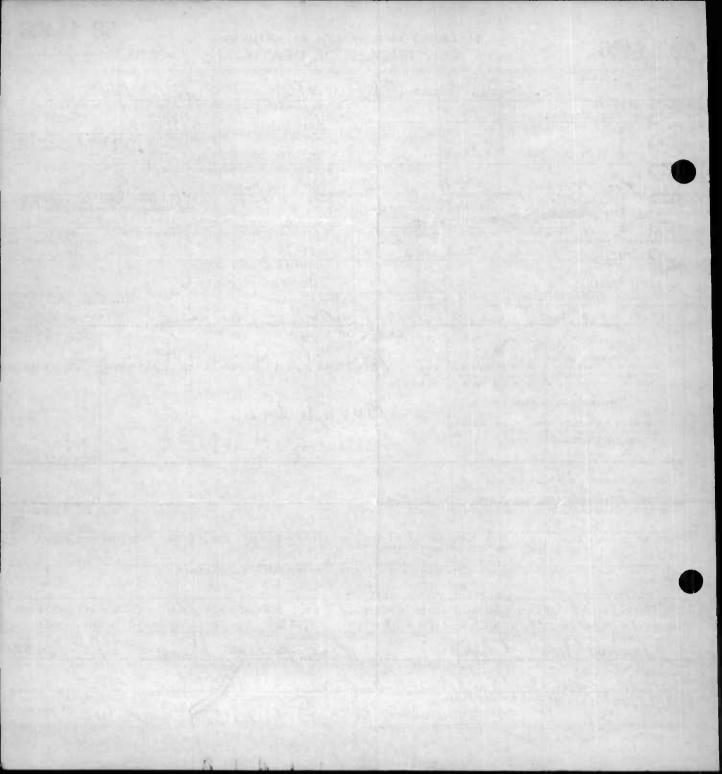


VS 150

BALTIMORE CITY HEALTH DEPARTMENT

52 11426

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Mr. John B. Quinto DEATH 3. PLACE OF DEATH: 4. USUAL RÉSIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland Yes A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland Baltimore HOSPITAL OR (If outside corporate limits Write location) C. CITY OR TOWN MURAL and give INSTITUTION township) Bon Secours Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 3811 Woodridge Rd. 5. SEX 6. COLOR DR RACE 9. AGE (In years | Months Days | Hours Min. 7. SINGLE, MARRIED. 8. DATE OF BIRTH If Under 24 Hours WIDOWED, DIVORCED (Specify) Male White 8/30/96 Married 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY Coat Shop Italy Tailor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Carmon Quinto Josephine Pastore 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL INFORMANT ABDRESS SECURITY NO 18 INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (Mesenteric (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERebout home, ferm, factory, street, office hldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE ATT HOT WHILE WORK 22. I hereby certify that I attended the deceased from 12 , 1952, to 12 16 . 1952 that I last saw the deceased alive on 12-16, 19.52 and that death occurred at 11:20An., from the causes and on the date stated above, 23c. DATE SIGNED BURIAL, CREMA-24B. DATE 24C. NAME OF CEMETERY DR CREMATORY 24D LOCATION (City, town, or county, TION, REMOVAL (Specify) DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE FUNERAL DIRECTOR LOCAL REGISTRAR



1	2	A A MOM	EALTH DEPARTMENT Registered No. 11437								
()	BI	RTH NO.	E OF DEATH Registered No.								
		NAME OF DECEASED Elizabeth. Sha	fler Dec 16-19.	52							
	3. A.	PLACE OF DEATH: Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived If institution: residence A. STATE B. COUNTY before admiss								
	B. HC	FULL NAME OF (If not in hospital or institution, give street address of SPITAL OR STITUTION	Md Balto								
ly.		Melehor Nursing Home	2209								
clearly and legibly.	c.	Yrs. Length of stay in Baltimore Mos. Days	D. STREET ADDRESS (If rural, give location) 76/9. Belair. Rd								
pur	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 last birthday) Months Days Hours N								
ly a	10	A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	may 11.1856 96								
ear	work	done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT	RY?							
h c	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
death		- Failka									
o jo	15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS	=							
	(200	s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Mrs Samuel Kanzler 7537. Belain	R							
causes		18. 794 X . CAUSE	OF DEATH INTERVAL BETWONSET AND DE								
the c		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH NO SPECIFIC PATHOLOGY									
te t		heart failure, asthenia, etc. It means the disease,									
write	injury or complication which caused death.)										
	7	ANTECEDENT CAUSES									
Physicians: please	흔	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE: (A) STATING THE DUE TO									
	CATI	UNDERLYING CONDITION LAST. (C)									
ian	IL.	11		W.M. W.							
ysic	ERTI	OTHER SIGNIFICANT CONDITIONS CON-	ominol nounolais								
Ph	Ü	TO THE DISEASE OR CONDITION CAUSING IT.	eminal neuralgia sev yrs.								
ıt.	A P	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY								
important.	EDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg									
imp	Š	CAUSE OF DEATH 21D, TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCUR.	RED 215, HOW DID INJURY OCCUR?								
especially		OF INJURY MHILE AT NOT WHILE AT WORK AT WORK									
eci		22. I hereby certify that I attended the deceased from A deceased alive on Dec 14 19 52 and that death occur	ug 22 , 152, to Dec. 16 , 1952 that I last saw	the							
esi											
is		23A. SIGNATURAL OLL M.D.	236. ADDRESS 2431 MARYLAND AVENUE 12-17-52								
age		A. BURIAL, CREMA- 248, DATE 240, NAME OF CEMET									
	110	Burial 12/19/52 Oak Law	x Cem Balto Ma	1							
correct		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS Has ahn funeral Home 748/ Belain								
C	_	DFC 1 7 2000 Turkington Villacus, N	Hassahn Francial Home 748/ Belain	Pa							
		VS 150		1-							

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Registered No. 11438 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) December 17, 1952 MINNIE WOODS 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write BURM c. CITY OR TOWN and give INSTITUTION township) Baltimore University Hospital D. STREET ADDRESS (If rural, give location) Mos. 631 Washington Boulevard c. Length of stay in Baltimore Days 6. COLOR OR RACE 7 SINGLE MARRIED 8. DATE OF BIRTH 9. AGE (In years | | Under 1 Year | | Under 24 Hours | Months Days | Hours Min. WIDOWED, DIVORCED (Specify) Female White 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most a working life, even if retired) WHAT COUNTRY INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAPPEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. 628 Washington Blu 443X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Hypertensive arteriosclerotic LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, xxxxx cardiovascular disease injury or complication which caused death.) ANTECEDENT CAUSES Rupture of aorta DISEASES OR CONDITIONS, IF ANY, GIVING xxxxx Hemopericardium RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cardiac tamponade OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY YES X (If in Baltimore City, give exact location) 2 Ic. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB. 21B. PLACE OF INJURY (e. g., in or INJURY OCCUR? about bome, farm, factory, street, office bldg., etc.) UTING [] CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK Partial Autopsy 22. I certify that I took charge of the remains described above, held an thercon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \(\mathbb{M} \), accident \(\mathbb{M} \), suicide \(\mathbb{M} \), homicide \(\mathbb{M} \), undetermined \(\mathbb{M} \). 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR..... Dec. 17, 1952 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24B. DATE TION REMOVAL (Specify) 1 emouse DATE RECEIVED BY ADDRESS

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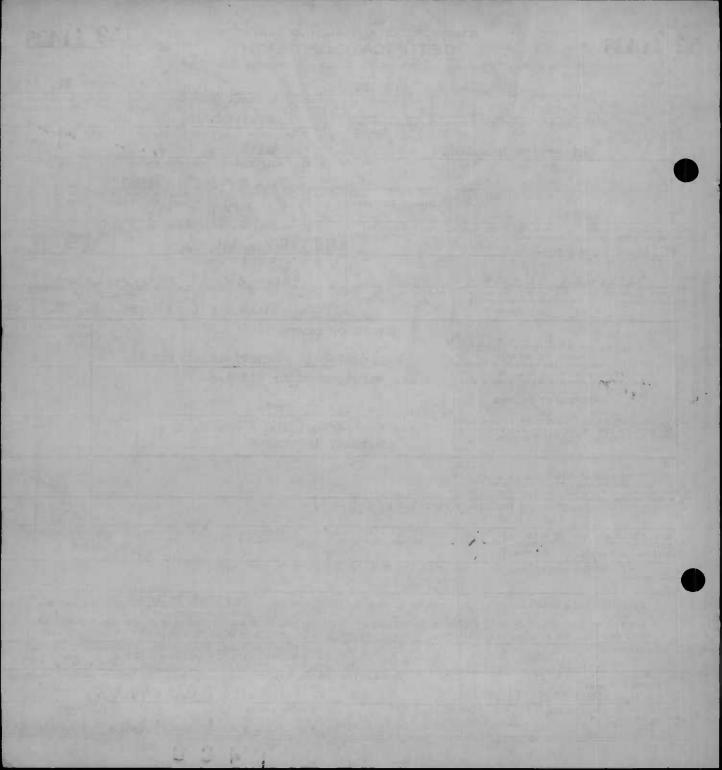
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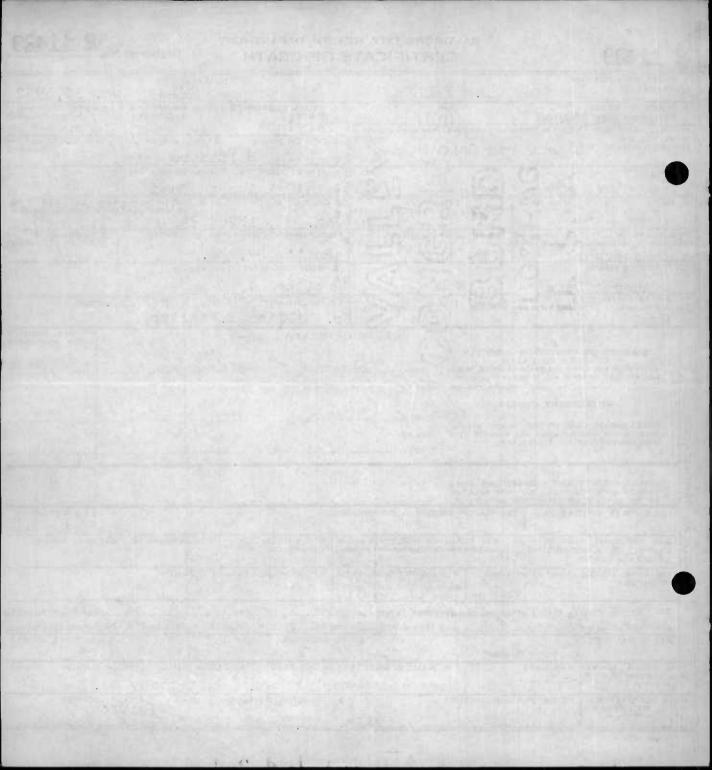


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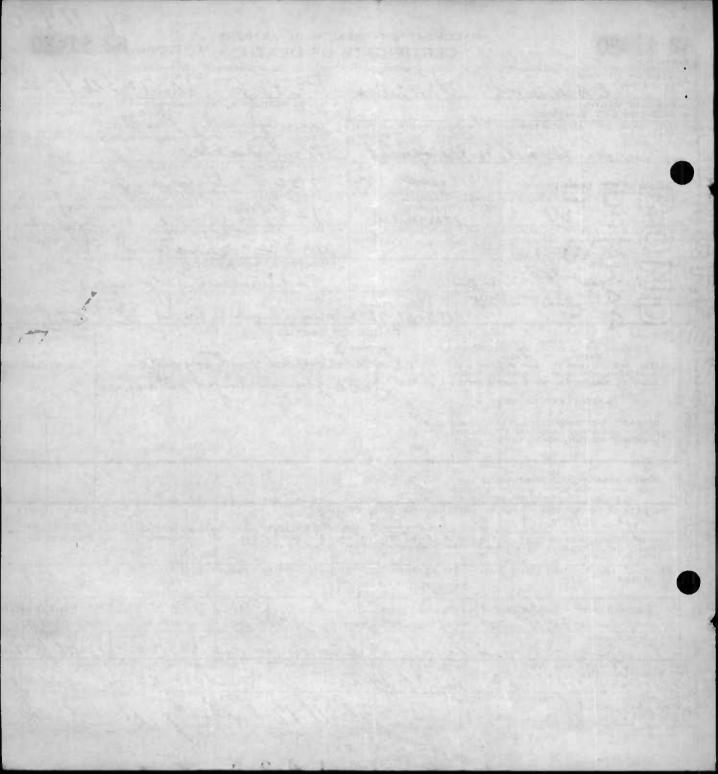
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 11499

B	RTH NO.	3						
1. (T	NAME OF D	eceased CORA	S.	KELLER		2. DATE OF DEATH	Dec. 15,1952	_
3. A.	PLACE OF D Baltimore (City, Maryland			4. USUAL RESIDENCE (d. If institution : residence	_
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR					Maryland			
INSTITUTION 1530 Ralworth Road						f outside corporate	fimits, frite RicaL and gi townshi	
Yrs.					D. STREET ADDRESS (If rural, give location)			
Mos.					3 /20 Delenath Dood			
c. Length of stay in Baltimore Pife Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.					1530 Ralworth Road 8. DATE OF BIRTH 9. AGE (In years) If Under I Year If Under 24 Hours			
F W WYOVED DIVORCED (Specify)					Jan. 31, 1878 74 Months Days Hours Min.			
10	A. USUAL OC	CUPATION (Give kind of	10B. KINI	O OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF	
work done during most of working life, even if retired) Housework at home			Baltimore, M	7	WHAT COUNTR USA	YT		
13. FATHER'S NAME					14. MOTHER'S MAIDEN NAME			
					Caroline ?			
15 (Va	. WAS DECEAS	ED EVER IN U. S. ARME! (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANTL 530	Ralworth	RADDRESS	-
1,2	No	(21 300) 8210 1121 01 01100	• 01 801 1100)	none	Mr. William E. Keller			
-							INTERVAL BETWE	-
					OF DEATH		ONSET AND DEA	TH
	DISEASE OR CONDITION DIRECTLY							
	(This does not mean the mede of dying, e.g., (A)				ronay and	Herm.	1 minus	5
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO							
L	ANTECEDENT CAUSES				Varia-policies		15 Mar	
Z	DISEASE	S OR CONDITIONS, I	F ANY. GIVII	VG (B)		> · · · · · · · · · · · · · · · · · · ·		••••
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)								
X	(C)					***************************************		
F								71870
RTI	OTHER SIGNIFICANT COMPUTIONS AND							
ER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED							
Ü	TO THE DISEASE OR CONDITION CAUSING IT.							
L	19a. DATE OF OPERATION () 19b. MAJOR FINDINGS OF OPERA				RATION		20. AUTOPSY?	
4							YES NO	
MEDICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?							
1	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
	OF INJURY			WHILE AT NOT WHICE			,	
	m. WORK AT WORK							
	22. I hereby certify that I attended the deceased from June 194, to 2013 , 19, that I last saw the							he
	deceased alive on 13.19 57, and that death occurred at 8/44, m., from the causes and on the date stated about							e.
	23A. SIGNA				3B. ADDRESS	2	23c. DATE SIGNE	
	4.	Withroma	no	M. D.	17/10 2-30	JR.	12-16-54	
2	4A. BURIAL.				RY OR CREMATORY 24D. I	OCATION (City, t	own, or county) (State	:)
TI	ON, REMOVAL	Specify)	100	Manaland Mar	manial Cam D	-1++mama	Ma	
-	burlal	12/18	/52	Moreland Me		altimore,		
	ATE RECEIVE OCAL REGIST		SSIGNAT	JRE	HENRY SANDER	& SONS	INC ADDRESS	
ni	FC 1 7 10	52 H A	-	Williams 11		ID . 5000	14 Much	
-	VS 17 19	V f	/		PALLEY., 17	1	1 //4-	
	VS 150		0					



52-11430 BALTIMORE CITY HEALTH DEPARTMENT Registered No. 1198 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE A. Baltimore City, Maryland B. COUNTY A before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Davs 7. SINGLE, MARRIED 5. SEX 6. COLOR OR RACE 9. AGE (In year | N Under I Year | N Under 24 Hours last birthday) | Months; Days | Hours | Min. WIDOWED, DIVORCED (Specify) Marrie 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR J 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? richlager wist 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORGES? (Yea, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS 305 SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. Carsinamatric YES X abdonumas 218. PLACE OF INJUSTY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WORK , 19 520 , 1952that I last saw the , 195 2-and that death occurred at 4: 407m., from the causes and on the date stated above. deceased alive on 12/15 23A. SIGNATURE erthen 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. CIATE 24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OF CREMATORY ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR LOCAL REGISTRAR win VS 150



Registered No. 11431 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) CHARLES CALDWELL DEATH Dec. 15, 1952 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: B. COUNTY before admission) A. STATE A. Baltimore City, Maryland Anne Arundel B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give St. Agnes Hospital Jessup D. STREET ADDRESS (If rural, give location) legibly. Yrs. Mos. 1 Spot Street c. Length of stay in Baltimore Davs AGE (In years | If Under 1 Year | If Under 24 Hours last birthday) | Months | Days | Hours | Min. 6. COLOR OR FACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) WIDOWED DIVORCED (Specify) White Male 12. CITIZEN OF IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) WHAT COUNTRY? work done doring most of working life, even if setired INDUSTRY 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Shock (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO Multiple fractures of extremities and injury or complication which caused death.)

ONSET AND DEATH trunk ANTECEDENT CAUSES (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY'T 19A. DATE OF OPERATION

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-OTING CAUSE OF DEATH. 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) road 21D. TIME (Month) (Day) (Year) (Hour)

5:00 P. m.

WHILE AT

WORK

Route 1, south of Rt. 175-Howard County 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED

21c. WHERE DID

INJURY OCCUR?

Struck by auto 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry

(If in Baltimore City, give exact location)

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \square , accident X, suicide \square , homicide \square , undetermined \square . A 23c. DATE SIGNED 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR ...

24D. LOCATION (City, town, or county) 4C. NAME OF CEMETERY OR CREMATORY 24A. BURTAL. CREMA 24B DATE TION REMOVAL (Specify umoun DATE RECEIVED BY DIRECTOR ADDRESS FUNERAL

NOT WHILE

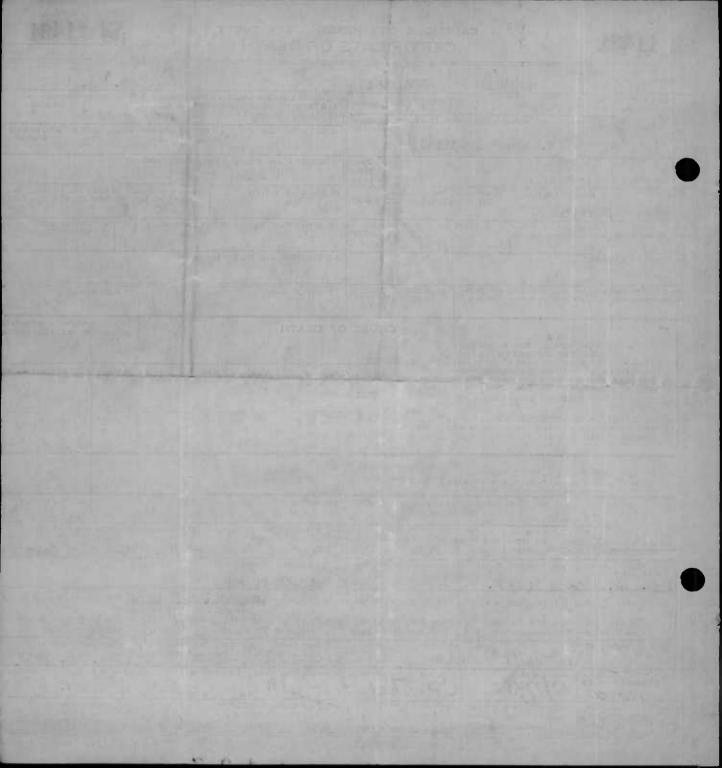
OF INJURY

Dec. 14.

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TINBER 52 11432 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside prograte limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED 8. DATE OF BIRTH ff Under 1 Year If Under 24 Hours 9. AGE (In years WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. 12/3/52 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER SANAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no of unknown) INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ū ERTH OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F, HOW DID INJURY OCCUR? 21D, TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE , 1952, to 12 16 , 195, that I last saw the 22. I hereby certify that I attended the deceased from_ . 19 52, and that death occurred at 103 n., from the causes and on the date stated above. deceased alive on 17/18 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED auch 24A. BURIAL. CREMA-TION REMOVAL (Specify) BURIAL 248. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Reisterstown Md Dec 18 1952 Deer Park Cemetery DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR MA Berryman & Sons Reisterstown Md VS 150

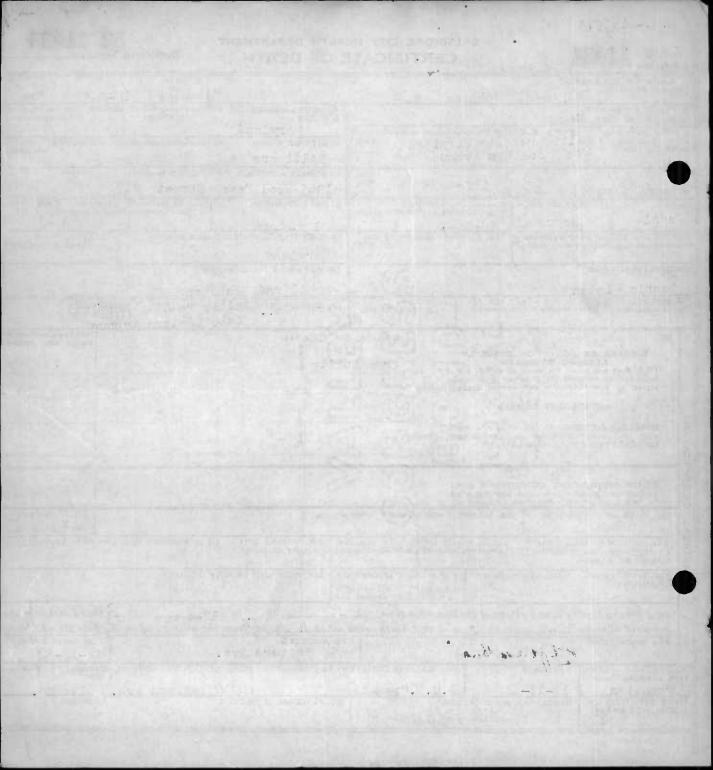
Service of the servic

52 11433 BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE (Type or Print) OF Baby Girl Johnson 12-6-52 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland A. STATE before admission) (If not in hospital or institution, give street address or Baltimore City Hospital location) Maryland B. FULL NAME OF HOSPITAL OR RURAL and give c. CITY OR TOWN (If outside corporate limits, write, township) 4940 Eastern Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yra. Mos Life Wood Year Street c. Length of stay in Baltimore 7. SINGLE, MARRIED, 9. AGE (In years last birthday) Months: Days Hours Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) 15 20 Female Negro 10B. KIND OF BUSINESS OR IOA. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mildred Dennis Island Johnson 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL Baltimore City Hospital RECORMANT (Yes, no or nnknown) SECURITY NO. 4940 Eastern Avenue INTERVAL BETWEEN CAUSE OF DEATH 18. 64 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Prematurity heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19B. MAJOR FINDINGS OF OPERATION AUTOPSY 19A. DATE OF OPERATION 20. DICAL 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 2 IF. HOW DID INJURY OCCUR? OF INJURY WHILE AT ended the deceased from 12-5, 19-52 to 12-6, 19-52, that I last saw the , 19-52, and that death occurred at 2.304 m., from the causes and on the date stated above. 22. I hereby certify that I attended the deceased from 12-5 , 1952 that I last saw the deceased alive on 12-6 23c. DATE SIGNED 23A. SIGNATURE 4940 Eastern Ave. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 4940 Eastern Ave. Balto. Md. Crematory Cremation DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150

E. W.- 165592

COUNTY THE STATE MAN MATERIAL PROPERTY OF THE PROPERTY OF THE PARTY OF THE PAR

E.W	165593					FO 11101
5,25	1404		TIMORE CITY HE			52 11434
BIRTH NO.	119052-2	1539	CERTIFICATI	E OF DEATH	- Registere	d No.
1. NAME OF (Type or Print					2. DATE OF	
3. PLACE OF	Baoy Girl	Johnso	n -B.	I 4 USUAL PECIDE	DEATH NCE (Where deceased lived	12-6-52
A. Baltimore	e City, Maryland			A. STATE	B. COUNTY	
B. FULL NAM		al or institution	on, give street address or location)	c. CITY OR TOWN		im write R. R. L and give
INSTITUTION	4940 East	ern Ave	nue	Baltimore		township)
			Yrs.		SS (If rural, give location)
	f stay in Baltimore	Life	Mos. Days	1345 Wood 1	Tear Street #	
5. SEX	6. COLOR OR RACE		, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in year: last birthday)	Months Days Hours Min.
Female	Negro	Sing	lo	12 -5-52		15
	OCCUPATION (Give kind of ost of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY		tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13, FATHER'S	E NIASAE			Maryland	DEM MANG	
	Island ASED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	Mildred	Johnson	ADDRESS
Yes, no or unknow		s of service)	SECURITY NO.	Records.	Baltimore City 4940 Eastern A	Hospital
18. 77	1.4		CAUSE	OF DEATH	4740 Dasvern A	INTERVAL BETWEEN
	EASE OR CONDITION	DIRECTLY	0,1002	OI DEATH		ONSET AND DEATH
(This d	ces not mean the mode of	TH f dying, e.g.	Premati	urity		?
heart fa	ailure, asthenia, etc. It mea or complication which c	ns the discase aused death.) DUE TO			
	ANTECEDENT CAUS	ES				
Z	SES OR CONDITIONS, II	E ANY COUNT	(B)	***************************************		110-9141
RISE TO	THE ABOVE CAUSE (A)	STATING TH				
5			(C)	***************************************	***************************************	
	II					
H TRIBUTI	SIGNIFICANT CONDI	NOT RELATE	D			SALES STREET, SALES
O TO THE	DISEASE OR CONDITION OF OPERATION 1		FINDINGS OF OPER	RATION		20. AUTOPSY?
A P	Y .	ou. matoon				YES NO
	CIDENT WAS UNDER	21B. PLA	CE OF INJURY (e. g., i	n or 21c. WHERE DI		ty, give exact location)
	OR CONTRIBUTING	about bome, re	at mit accost \$, serees, omco nats	THOUSE TO COOK	\	
21D. TIME OF INJUR	(Month) (Day) (Year)		21E. INJURY OCCURR		INJURY OCCUR?	
		m. V	WORK NOT WHILE			
22. I her	cby certify that I att	cnded the	deceased from 12	, 19_5		9.52 that I last saw the
	l alive on 12-6	, 19_52.	and that death occur	rred at 4. 30m	from the causes and o	n the date stated above.
23A. SIGN	NATURE HZ John	en Olars		38. ADDRESS 4940 Eastern	Ave.	23c. DATE SIGNED 12-12-52
24A. BURIAL TION, REMOVAL			M. U.	The second secon	24D. LOCATION (City, to	
Cremati		2	B.C.H.Cremato	90 TP	4940 Eastern A	re Polto Ma
DATE RECEI	VED BY REGISTRAR			25. FUNERAL DIRE		ADDRESS
LOCAL REG	8 1959 Hinti	ington 1	Villiams, M.			
VS 150		0				4-4-1-1-1-1-1
	PATER OF THE PATER					



21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21E. INJURY OCCURRED

17. INFORM Baltimord City Hospitals INTERVAL BETWEEN ONSET AND DEATH RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION

If Under 24 Hours

YES X

(If in Baltimore City, give exact location)

OF INJURY NOT WHILE AT WORK 1952 to 11-30-11-30-_, 19_52 that I last saw the 22. I hereby certify that I attended the deceased from. 5. 46AMrom the causes and on the date stated above. 19 52, and that death occurred at_ deceased alive on_ 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE Eastern Age. Baltimore .Md 24c, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMANTION, REMOVAL (Specify) 4940 Eastern Ave. Cremation Crema 1957 FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

21c. WHERE DID

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

VS 150

21A. ACCIDENT WAS UNDER-

LYING OR CONTRIBUTING

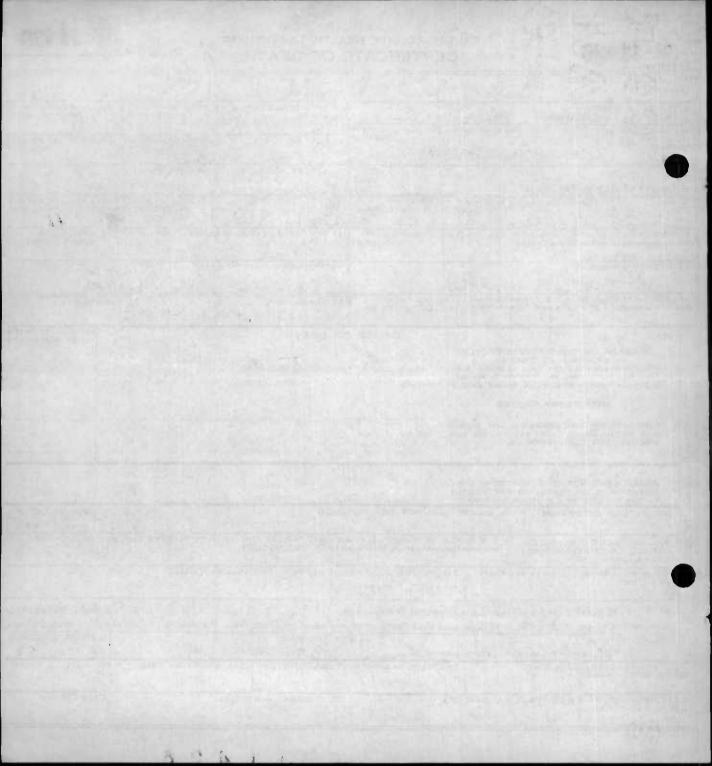
21D. TIME (Month) (Day) (Year) (Hour)

CAUSE OF DEATH

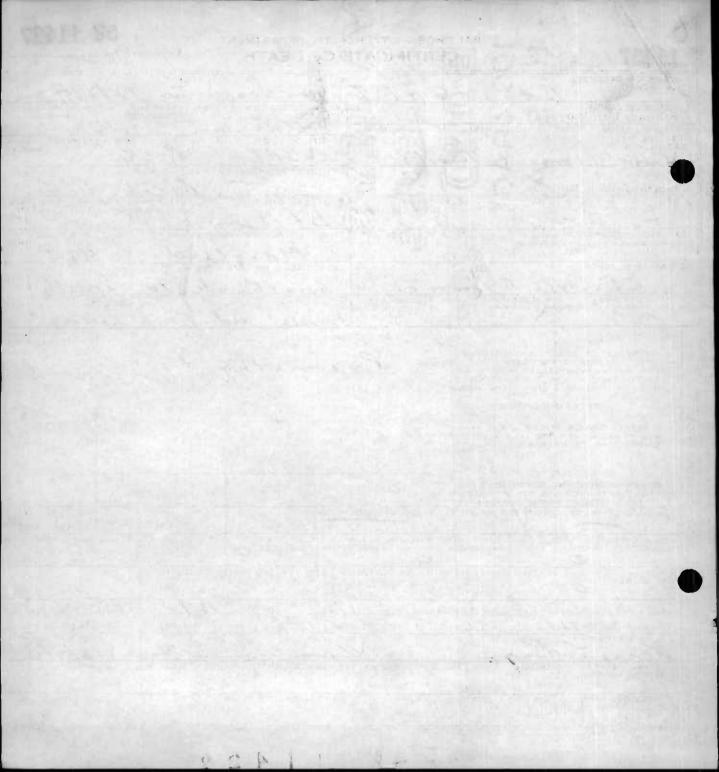
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Medical Valley and the same would be smile failed A CONTRACTOR OF THE STATE OF TH

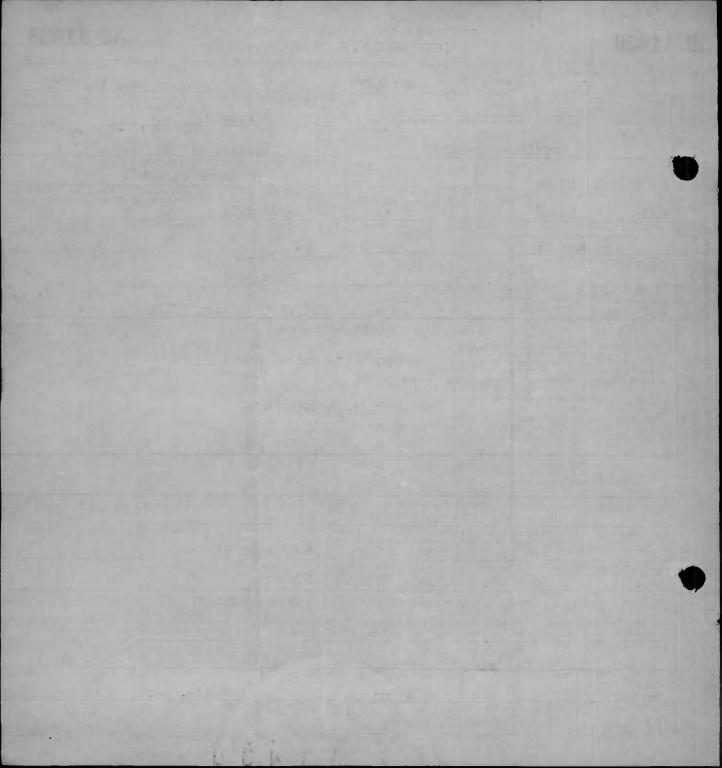
- med Edom Care Rel	leased Hospital disposal
32 11436 DESTRICTION BALTIMORE CITY HE CERTIFICATION	E OF DEATH Registered No.
1. NAME OF DECEASED	12. DATE
(Type or Print) Baly Sul	mold DEATH Dec. 13, 1952
A. Baltimore City, Maryland A. S. Frem	4. USUAL RESIDENCE (Where deceased lived, If institution residence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	
JOHNS HOPKINS HOSPITAL Yrs.	D. STREET ADDRESS, (If rural, gir location)
c. Length of stay in Baltimore Days	Rund Rt.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If under 14 Year last birthday) Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLAGE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED AVER IN U. S. ARMED FORCES? 16. SOCIAL	Manne Warfield
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	JOHNS HOPKINS HOSMTAL
DISEASE OR CONDITION DIRECTLY	of DEATH ONSET AND DEATH
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
M TRIBUTING TO THE OEATH, BUT NOT RELATED	
. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
U 21A. ACCIDENT WAS UNDER. C LYING OR CONTRIBUTING about home, farm, factory, street, office bldg. CAUSE OF DEATH	in or 21C. WHERE DID (If in Baltimore City, give exact location)
21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURR OF INJURY	RED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from	2 3 1953, to 12 13 , 1953, that I last saw the
23A. SIGNATURE	rred at m., from the causes and on the date stated above. 23B. ADDRESS 23C. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	JOHNS HOPKINS HOSPITAL 15 Dec. 52 ERY OR CREMATORY 240. LOCATION (City, town, or county) (State)
TION, REMOVAL (Specify)	reford
DATE RECEIVED BY REGISTRAR'S SIGNATURE. LOCAL REGISTRAR Huntington Williams, My	25. FUNERAL DIRECTOR ADDRESS
VS 150	
	0011498



!1	1	EH .	
-	6	BALTIMORE CITY H	EALTH DEPARTMENT 52 11437
2	BIF	1193752-29489 CERTIFICAT	E OF DEATH Registered No.
	1. (Ts	NAME OF DECEASED pe or Print) SABC G/7/ G	- 2. DATE OF DEATH /2/7/9
		PLACE OF DEATH: Baltimore City, Maryland	4. STATE B. COUNTY before admission)
- 11	HO	FULL NAME OF (If not in hospital or institution, give street address or SPITAL OR location	
	INS	Union Memorial Hospital	RURAL "ROCK" township)
	U	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
=		Length of stay in Baltimore Days SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours
	10	F W S	12/7/52 35
*	ork	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
-	15	WAS DECEASED EVER IN U. S. ARMED FORCE 16. SOCIAL	Porothy Viola Smith
		no or maknown) (If yes, give war or dates of service) SECURITY NO.	Has vits / admission history
			OF DEATH INTERVAL BETWEEN ONSET AND DEATH
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	remoturity
		(This does not mean the mode of dying, e.g., (A)	(x x / / 7
		ANTEGEDENT CAUSES	
	NOI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
. 11	∢	UNDERLYING CONDITION LAST.	
	RTIFIC	(C)	
,	CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
		19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	
	EDICA	21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g.,	
	ME	HOMICIDE (Specify) about home, farm, fuctory, street, office bldg.	
		OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF	
		22. I hereby certify that, I attended the deceased from	
and and		deceased alive on 11/2, 1951 and that death occu	arred at 10 m., from the causes and on the date stated above.
2		GORATURE BARRES M.D.	238. ADDRESS 23c. DATE SIGNED (1/2/3)
48	24 TIC	A. BURAL, CREMA- 24B. DATE 24C. NAME OF CENET.	ERY OF CREMATORY 245. LOCATION (City, town, or county) (State)
7777	DA	TE RECEIVED BY RECISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
3	LC	DEC 1 8 1050 Tuntinglow Williams, M.	
		VS 150	
2		9520	0 1 1 4 9 9

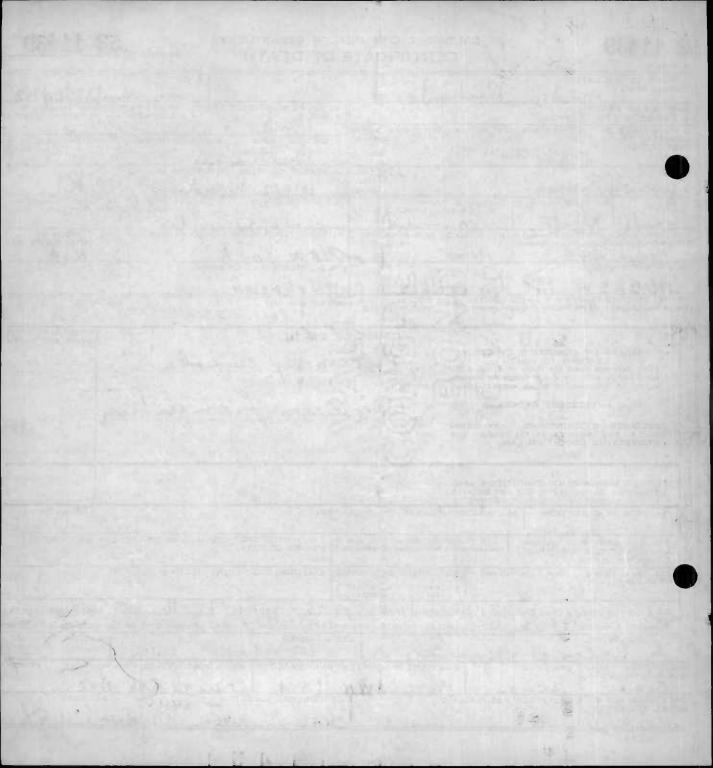


BALTIMORE CITY HEALTH DEPARTMENT Registered 11438 CERTIFICATE OF DEATH 2. DATE NAME OF DECEASED (Type or Print) HATTIE BEASLEY DEATH Dec. 15. 1952 4. HISHAL RESIDENCE (Where deceased lived. If institution; residence 3. PLACE OF DEATH B. COUNTY before admission) A. STATE A. Baltimore City, Maryland Maryland (If not in hospital or institution, give street address or B FULL NAME OF HOSPITAL OR (If outside corporate limits, write RUR L and give C. CITY OR TOWN INSTITUTION township) Provident Hospital Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos. 608 Baker Street c. Length of stay in Baltimore Days 8. DATE OF BIRTH 9. AGE (In years) It Under 1 Year If Under 24 Hours 6. COLOR OR RACE 7. SINGLE, MARRIED last birthday) Months; Days Hours; Min. WIDOWED DIVORCED (Specify) 25/1910 Female Colored 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR clearly work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Domestic 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Emma Davis Amos Randall 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS 17. INFORMANT (Yes, no or unknown) SECURITY NO Elizabeth Gibson 371 Convent Ave none no causes CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Gunshot wound of chest (This does not mean the mode of dving, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) Massive hemothorax DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING XX OR CONTRIB-OTING CAUSE OF DEATH. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 608 Baker Street home 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED Dec. 15 NOT WHILE Firearms 6:00 P. m. WORK especial 22. I certify that I took charge of the remains described above, held an . thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes □, accident □, suicide □, homicide ▼, undetermined □. 238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED 23A, SIGNATURE ASSISTANT MEDICAL EXAMINER Dec. 15. MEDICAL INVESTIGATOR 24C. NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Balto. Md. Burisl ADDRESS DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE EC 1 81052 Vallacus-, M; 151



263
BIRTH NO.
1. NAME OF DECE

CERTIFICATE OF DEATH ASED 2. DATE DEATH 4. USUAL RESIDENCE (Where deceased lived, If institu 3. PLACE OF DEATH A. Baltimore City, Maryland A STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION JOHNS HOPKINS HOSPITAL D. STREET ADDRESS (If rural, give location) Vra c. Length of stay in Baltimore Days 5. SEX 7. SINGLE, MARRIED.
WIDOWED DIVORCED (Specify) AGE (In years If Under I Year If Under 24 Hours last birthday) Months: Days Hours Min. 6. COLOR OR RACE 8. DATE OF BIRTH AGE (in years manne 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 12. CITIZEN OF 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Mouse WIFE Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service) ADDRESS (Yes, no or unknown) SECURITY NO. JOHNS HOPKINS HOSPITAL INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES 21c. WHERE DID 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE! WHILE AT . 19 that I last saw the 22. I hereby certify that I attended the deceased from 11672m. from the causes and on the date stated above. deceased alive on 12-16 1912 and that death occurred at_ 23A. SIGNATURE 23c. DATE SIGNED 23B. ADDRESS JOHNS HOPKINS HOSPITAL 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE REGISTRAR'S SIGNATURE BURIAL ADDRESS DATE RECEIVED BY 25. FUNERAL DIRECTOR VS 150



acet Room. ned. Ex Care 52 11 dun BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residens A. Baltimore City, Maryland before admission) A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate lights write RUEAL and give INSTITUTION JOHNS HOPKINS HOSPITAL tewnship) D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 5 SEX 6. GOLOR OR RACE SMIGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) JOA. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY resser 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME M 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. JOHNS HOPKINS HOSPITAL 18. 199. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH archematosis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WORK AT WORK c 195 3 to . 19___, that I last saw the 22. I hereby certify that I attended the deceased from ___, and that death occurred at m., from the causes and on the date stated above. deceased alive on. 19_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B. DAT BUTIAL DATE RECEIVED BY LOCAL REGISTRAR VS 150

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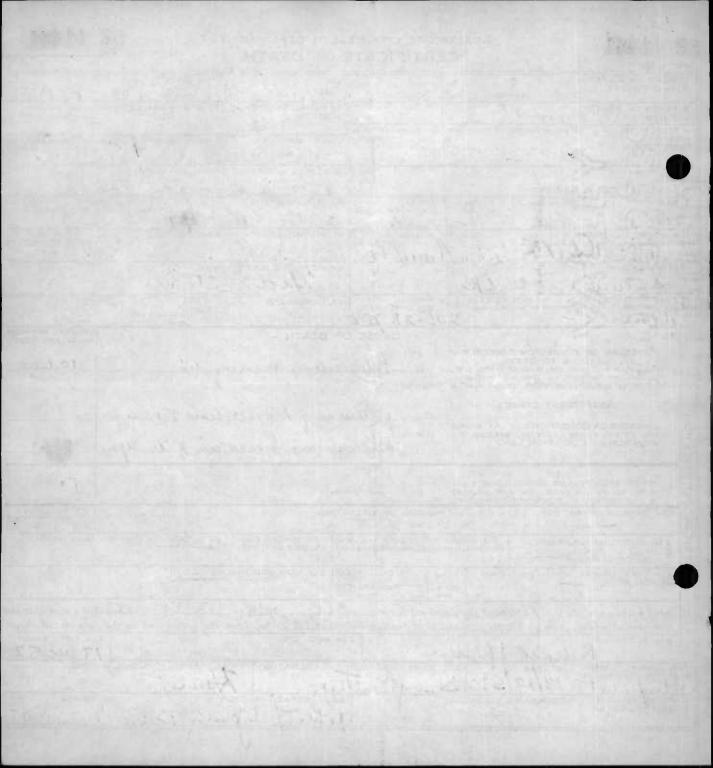
Cont. M. Johnson

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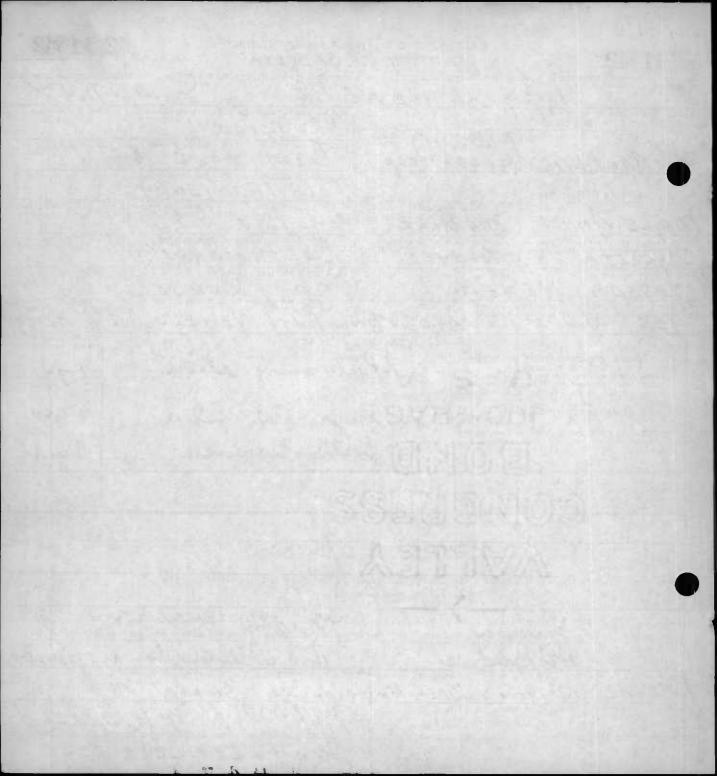
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ı	BIRTH NO.
Ī	1. NAME OF DECE

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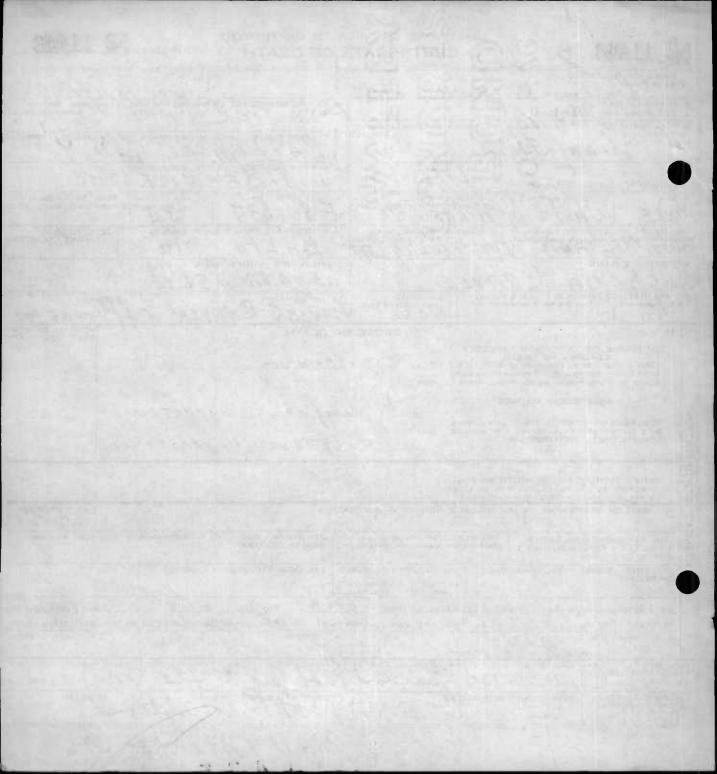
Registered No. CERTIFICATE OF DEATH ASED 2. DATE (Type or Print) OF DEATH A USUAL RESIDENCE (Where deceased lived, If institution: lesid 3. PLACE OF DEATH: A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN JOHNS HOPKINS HOSPITAL D. STREET ADDRESS (If rural, give location) Yrs. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years If Under 1 Year It Under 24 Ilouis last birthday) Months Days Hours Min. 8. DATE OF BIRTH Married 3-10-191 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUST 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY. - (Sexalor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes-no or nnknown) SECURITY NO IOHNS HOPKINS HOSPITAL INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE ATT WORK 1952 to. , 19 5 that I last saw the 22. I hereby certify that, I attended the deceased from . 19 5 and that death occurred at 7.15 An., from the causes and on the date stated above. deceased alive on_ 23A. SIGNATURE 23c. DATE SIGNED 23B. ADDRESS JOHNS HOPKINS HOSPITAL 24DALOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF GEMETERY OR CREMATORY X Miller DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150



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5	2 4 2 6 40		ALTH DEPARTMENT E OF DEATH	Registered No.	11442
	NAME OF DECEASED A 4 J.	NEW	ELL	2. DATE OF DEATH 12-1	7-57
Α.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If inst B. COUNTY	itution: residence before admission)
H	FULL NAME OF (If not in hospital or institution) OSTITUTION OSTITU	Hosp	PX - 1 / -	outside corporate lighte per OPE	rite RURA) and give (township)
C	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If	FIENRY S	T
7	SEX 6 COLOR OR RACE 7. SINGLE, MA		8- 4- 189 X	9. AGE the years last Sirthday) Month	er I Year If Under 24 Hours S Days Hours Min.
WOT.	Film during an obser makely - tile ile - tile - 1	BUSINESS OR INDUSTRY		oreign county 12	. CITIZEN OF WHAT COUNTRY?
13	FOSEPH NEWELL	1	MARY C	OPDELL	
6	(MAS DECEASED EVER IN U. S. ARMED FORCES? 16 to no or nnknown) (If yet, give war or dates of service)	SECUPITY 104	B. NUTH NE	WELL 1618	Mª HENRY
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE (A) DUE TO	lugnary	deva	INTERVAL BETWEEN ONSET AND DEATH
TION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	yourdial of	Libere	5 yrs
FICA	UNDERLYING CONDITION CAST.	(C)	uat Corri	YUA.	1 4/2
CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
AL O	19A. DATE OF OPERATION () 19B. MAJOR FIN	DINGS OF OPER	ATION		YES NO
EDIC		OF INJURY (e. g., in actory, street, office bldg., e		(If in Baltimore City, give	e exact location)
	PID. TIME (Month) (Day) (Year) (Hour) 21E. OF INJURY MHILE m.		ED 21F. HOW DID INJUR	Y OCCUR?	
	22. I hereby certify that I attended the dec deceased alive on 1954, and	eased from 1	red a 10 Am., from	march, 1954 the causes and on the	that I last saw the date stated above.
	23A. SIGNATURE HABAYLUS) M. D. 2	1600 Will	cens are	17 DECT
7	ON PRINOVAL (Specify) 12-19-5	NAME OF CEMETE	. (0) 0	ALT, M	county) (State)
	OCAL REGISTRAR THE TENTE OCAL REGISTRAR THE TENTE OCAL REGISTRAR	lliacus, Mit	25 FUNERAL DIRECTOR	g.m.Wa	LETS
=	VS 150	430.6A	PRAH & S	tric KER	Sts



Registered 2 11442 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF WILLIAM F. CROVER DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location C. CITYOR TOWN . (If outside corporate Amits write RUR II and give INSTITUTION ADDRESS (If rural, give location) Vwa LIFE Mos. c. Length of stay in Baltimore Days 7 SINGLE, MARRIED, WILLIAM DIVORCED (Specify) 9. AGE (In years | if Under I Year | if Under 24 Hours last birthday | Months: Days | Hours | Min. 6. COLOR OR RACE If Under 24 Hours MARRIED 10%. USUAL OCCUPATION (Give kind of orly done during state of working life, even if retired) 108, KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 130 FATHERIS NAME 14 MOTHER'S MAIDEN NAME (5. WAS DECEASED EVER IN U. S. ARMED FORCES? Yos, no Ar anknown) (If yos, give war or dates of service) 16. SOCIAL ADORESS SECURITY NO. 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH UREMIA (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) OUF TO ANTECEDENT CAUSES MalighanT HYPRATENSION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO (c) Halignant nephroselorosis UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! m. AT WORK 22. I hereby certify that I attended the deceased from 10/2 9 , 1952, to 12/17 , 195 2that I last saw the deceased alive on 12/17. 195 2 and that death occurred at 3:10 km., from the causes and on the date stated above. 23A. SIGNATUR 238. ADDRESS 23c. DATE SIGNED BURIAL CREMA-244. NAME OF CEMETERY OF CREMATORY 24B. DATE 240 COCATION (City, town, or county) TIAN REMOVAE (Specify) Merci DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE FUNERAL DIRECTOR LOCAL REGISTRAR 1 untington VS 150



50 BI	536 2 11444 RTH NO.			TIMORE CITY HE			Registere	52 d No	11444
	NAME OF DECEAS		GE:	Georgwinterl	TNG		2. DATE OF DEATH De	cemb	er 17, 1952
A.	PLACE OF DEATH Baltimore City,	Maryland 14	00 N.	Caroline St	4. USUAL RESIDE	ENCE (W	-	If inst	itution : residence hefore admission)
H	FULL NAME OF OSPITAL OR ISTITUTION			ion, give street address or location) s Hospital	Maryland c. CITY OR TOWN Baltimore		outside corporate li		rite RURAL and give township)
	Length of stay in		Odopii	Yrs. Mos.	D. STREET ADDRE	ESS (lf			
_	SEX 6.CO	LOR OR RACE	7. SINGLE WIDOW	Days E. MARRIED. ED. DIVORCED (Specify)	8. DATE OF BIRTH 2-10-1885	1	9. AGE (in years	if Unde Months	l Year H Under 24 Hours Days Hours Min.
1C werl	A. USUAL OCCUPA done during most of working Retired	TION (Give kind of	10B. KIND	of Business or INDUSTRY	11. BIRTHPLACE (S		reign country)		CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME				14. MOTHER'S MA				
15	Constan	itine Win		ng		stine	e Greller		
(Ye	n, no or unknown) (If	yes, give war or date	s of service)	SECURITY NO.	Frank J.	Wint	erling:94	O S	Conkling
ERTIFICATION	(This does not meant failure, ast injury or complement of the comp	CEDENT CAUS	TH of dying, e. g ns the diseas caused death SES F ANY, GIVIN STATING TH	(B) Cerek	nal bronchor	r acci	dent		ONSET AND DEATH
CERTI	OTHER SIGNIF TRIBUTING TO T TO THE DISEASE	HE DEATH, BUT	NOT RELATE	D					
.AL	19A. DATE OF OP	ERATION 2 1	98. MAJOR	FINDINGS OF OPER	ATION				YES NO X
1EDICAL	21A. ACCIDENT V LYING OR CON CAUSE OF DEAT	NTRIBUTING		ACE OF INJURY (e. g., ii arm, factory, street, office bldg., s			f in Baltimore Cit	y, give	exact location)
Σ	21b. TIME (Month OF INJURY	n) (Day) (Year)		21E. INJURY OCCURR. WHILE AT WORK AT WORK	ED 21F. HOW DID	יאטנאן (OCCUR?		
	22. I hereby cer	tify that I att	tended the	deceased from Sept.	ember 22, 19 5	2 to De	cember 1719	52	hat I last saw the
	23A. SIGNATURE		, 192~.		3B. ADDRESS	10.11	ine Street	2	3c. DATE SIGNED 3c. 17, 1952
TI	24A. BURIAL. CREMA 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) Burial 12-20-52. Sacred Heart Cemetery 7401 German Hill Rd.Md.								

DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR DIRECTOR 901 S. Conkling St.

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PAGE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR SIGNATURE LOCA

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BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 11445

BII	RTH NO.			CER	IFICAT	E OF DEATH
	NAME OF D	ECEACED				Lo DATE
	pe or Print)		ARIE	A ^o	GOETZ	2. DATE OF OF DEATH 12-16-52.
3.	PLACE OF D	EATH: City, Maryland 90	3 S. (Mint.	on St.	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
	FULL NAME					Md.
HC	SPITAL OR	01 (22 1100 111 1100)		ion, give b	location)	C. CITY OR TOWN (If outside corporated init, write RIRAL and give
IN	STITUTION					township
				ife	Yrs.	Baltimore D. STREET ADDRESS (If rural, give location)
`				TIE	Mos.	903 S. Clinton St.
		tay in Baltimore			Days	H
5.	SEX	6. COLOR OR RACE	7. SINGL		ED. PRCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under I Year Months: Days Hours Min.
Fe	male	White		rried		May 20, 1899 53
10	A. USUAL OC	CUPATION (Give kind of	108. KIND	OF BUS	INESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
	House		At	Home	INDUSTRY	Baltimore, Md. WHAS CAUNTRY
13	FATHER'S	NAME				14. MOTHER'S MAIDEN NAME
	Con	stantine Wi	interl	ing		Christine Greller
15 (Yes	. WAS DECEASI	ED EVER IN U. S. ARMEI (If yes, give war or date	D FORCES?	16. SO	CIAL	17. INFORMANT ADDRESS
(200	No	No	5 01 501 1100)	213-0	5-8819	Frank F. Goetz 903 S. Clinton St.
CERTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEA' inot mean the mode of re, asthenia, etc. It mes complication which of the complication which of the complication which of the above cause (A) (ING CONDITION LA CONDITION LA CONDITION LA CONDITION THE DEATH, BUT ISEASE OR CONDITION TO THE DEATH, BUT ISEASE OR CONDITION	TH of dying, e. insthe disease saused death SES FANY, GIVIN STATING TH STATING STATING TH STATING STATING TH S	NG (E	mes of local	of DEATH Chrome & Kedney & mo yeystes film (S) / 4/1
	19A. DATE C	OF OPERATION 1	19B. MAJOR	FINDIN	GS OF OPER	
EDICAL		ENT WAS UNDER- R CONTRIBUTING			NJURY (e. g., i	
	21D. TIME	(Month) (Day) (Year	(Hour)	21E. INJ	JRY OCCURR	ED 21F. HOW DID INJURY OCCUR?
	OF INJURY		m.	WHILE AT	NOT WHILE	
	00 77 7		2131			arch 14, 1957 to Dec 16-5,19, that I last saw th
		live on 18613 -	_, 19_2	and tha	t death occu	
	23A-SIGNA	DAGA		11		23B. ADDRESS 23B. DATE SIGNED
2/	A BURIAL	CREMA- 24B. DATE	me	ZAC NAN	M. D.	ERY OR CREMATORY 24b. LOCATION (City, town, or county) (State)
	N. REMOVAL	Specify)	50			
_	Burial		-52.		Redeem	er Cemetery 4430 Belair Rd.Balto., M
L	TE RECEIVE	D BY REGISTRAR	S SIGNATI	URE Willi	1110 N.3	25. FUNERAL DIRECTOR 901 S. CONRIGING St.

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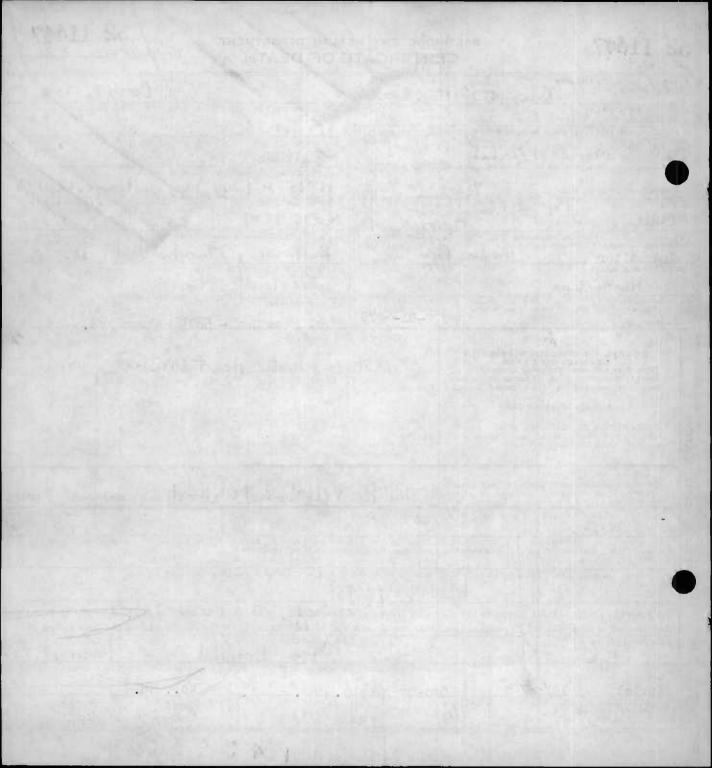
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ВІ	RTH NO.		CERTIFICATI	E OF DEATH	Registered N	0
1.	NAME OF DECEASED	E R. RO	SENFELD		2. DATE OF Dec.	16, 1952
Α.	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (institution : residence before admission)
H	FULL NAME OF (If not in hospite operation) STITUTION 2210 Brookf:		location)	Md. c. CITY OR TOWN (I Baltimore	f outside corporate limit	s, write RUR L and give
c.	Length of stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (In 2210 Brookfiel		
5.	female white		E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH June 16. 1881	9. AGE (in years) If	Under 1 Year If Under 24 Rous nths Days Hours Min.
1C worl	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired) HOUSEWIFE		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME Louis Rosenstein	at non	16	14. MOTHER'S MAIDEN N	IAME	
15 (Ye	. WAS DECEASED EVER IN U. S. ARMED i, no or unknown) (If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mr. Louis Rose		DDRESS
ERTIFICATION	DISEASE OR CONDITION I LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which con ANTECEDENT CAUS DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAN	H f dying, e. f f dying, e. f ns the diseas aused death ES ANY, GIVIN STATING THEST.	(B)	um of coec		15 mmd
O	1/	OT RELATE CAUSING I 98. MAJOR	T. arteriscle FINDINGS OF OPER		netostore	/O years
MEDICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B, PL/	ACE OF INJURY (e. g., in farm, factory, street, office bidg., e	or 21c. WHERE DID	(If in Baltimore City, g	123 110
	21D. TIME (Month) (Day) (Year) OF INJURY		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		Y OCCUR?	
	22. I hereby certify that I att deceased alive on Dr. /6 23A. SIGNATURE	, 195~	and that death occur	38 ADDRESS		
2. TI	DN. REMOVALISTS 12/18/52	2	Balto. Hebrer	w Cong. Cem. Ba	lto., Md.	or county) (State)
	ATE RECEIVED BY REGISTRAN	SSIGNATI	Williams M.	25 FONERAL DIRECTOR	ckner 4	ADDRESS
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BIRTH	NO.
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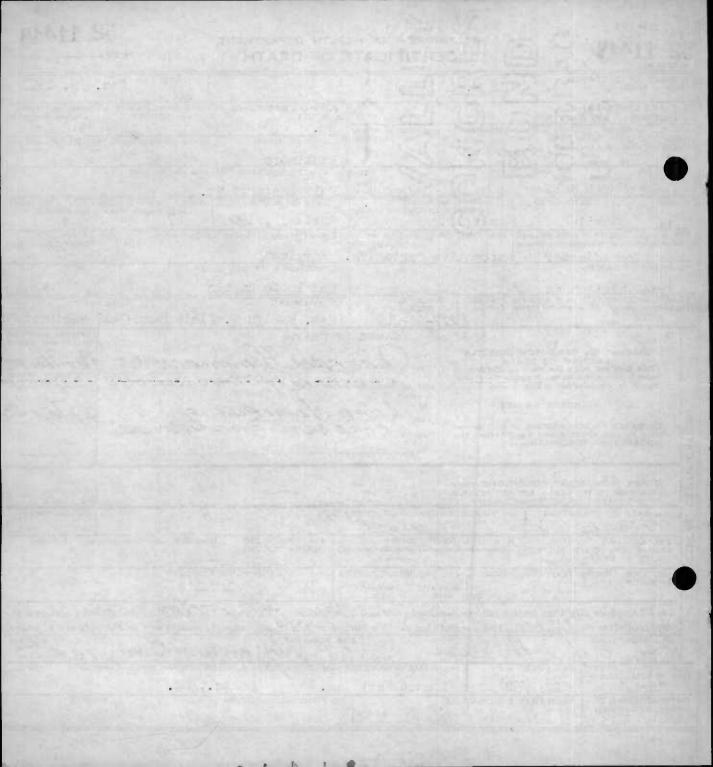
52 11447 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE George Milton Cox Dec. 17, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits write RUHA) and give INSTITUTION Mercy Hospital Yrs. D. STREET ADDRESS (If rural, give location) Mos. Halwyn Que, Baltimore, 12, Md c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In years | ff Under | Year | ff Under 24 Hours | Inst birthday) | Months | Days | Hours | Min. WIDOWED, DIVORGED (Specify) Male Married 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Compositor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO Unknown 5815 Halwon Ave Anna Cox INTERVAL BETWEEN 18. CAUSE OF DEATH 420.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY acterior scherotic Heart Disease LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONof abdominal Wall-etiology unknown TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from December 16, 1952, to December 17, 1953, that I last saw the ___, 1952., and that death occurred at 1250 am., from the causes and on the date stated above. deceased alive on Dec. 17, 23A, SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24D. LOCATION (City, town, or county) 12/50/52 Balto. Burial Presby Cem DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

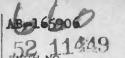


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Registered No. CERTIFICATE OF DEATH . NAME OF DECEASED 2. DATE Dec. 15, 1952 JAMES M.FLETSCHMAN (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR c. CITY OR TOWN (If outside corporate) nits, write RURAL and give INSTITUTION 2417 Westport St. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Moe c. Length of stay in Baltimore 2)17 Westport St. 5 SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (in years If linder 1 Year If linder 24 Homs 7. SINGLE, MARRIED last hirthday) Months Days Hours Min. WIDOWED DIVORCED (Specify) April 25, 1905 white married male | White | II. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY Machine Adjuster Parts Mfg Maryland 14. MOTHER'S MAIDEN NAME Charlotte Martin Frank Fleischman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or naknown) SECURITY NO. Mrs. Evelyn T. Fleischman-2417 Westport St 212-09-8498 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY EREBRAL LEMMORRHAGE VEWHOURS LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO CEREBRAL PRIERIOSCIEMENS heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (B) LEFT HEMIPLEGIA

DE TO CERE BROWL ARTERIOSCIESSIS ANTECEDENT CAIJSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. $\bar{\mathbf{u}}$ 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDICAL NONE NONE 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Yesr) (Hour) 21E. INJURY OCCURRED OF INJURY 22. I hereby certify that Lattended the deceased from 28 April, 1972 to 15 Nov, 1957 that I last saw the deceased alive on 15Nov., 1952, and that death occurred at 0; N Am., from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA 24B, DATE Balto. Md. 12/19/52 Loudon Park Cem. Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25, FUNERAL DIRECTOR ADDRESS 1 unlugglow





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CERTIFICATE OF DEATH

Registered No. 11449

BIRTH NO.	CERTIFICATI	L OI DEATH				
1. NAME OF DECEASED (Type or Print)	Fanthan-	2. DATE OF Dec.	15-1952			
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived, If in a. STATE B. COUNTY)				
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or		Maryland	erott admission)			
HOSPITAL OR BaltimoreCity Hospitals location)		c. CITY OR TOWN (If outside corporate limits,	write RURAL and give township)			
4940 Eastern Ave.		Baltimore				
Yrs. Mos.		o. STREET ADDRESS (If rural, give location) Home				
c. Length of stay in Baltimore	Days	1913 Eutaw Place (Twili				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		57% in 0%	ths Days Hours Min.			
M Wide		December 2/76 767				
work done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY		2. CITIZEN OF WHAT COUNTRY?			
Plumbers Helper Retired		Valguarnera Italy				
Giuseppe Ferrera		Stefanina				
15. WAS DECEASED EVER IN U. S. ARMED FORCES	1 16. SOCIAL					
(Yes, no or unknown) (11 yes, give war or clates of service)	SECURITY NO.	17. INFORMABAILTIMOTE CITY Hospiatakass				
no	no	Records: 4940 Eastern Ave.	INTERVAL BETWEEN			
18. 2317		OF DEATH	ONSET AND DEATH			
DISEASE OR CONDITION DIRECTL	Camah	ral Vascular Accident	4days			
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc	ease.	rai vascular Accident	4 8 878			
injury or complication which caused de	ath.) DUE TO					
ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING						
						RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.
0	(C)					
DISEASES OR CONDITIONS, IF ANY, GIRISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING			THE STATE OF THE S			
OTHER SIGNIFICANT CONDITIONS OF	ATEO					
	OR FINDINGS OF OPER	PATION	20. AUTOPSY?			
19A. DATE OF OPERATION 19B. MAJO	JA FINDINGS OF OPER	ATTON	YES NO X			
	LACE OF INJURY (e. g., i		1.20			
LYING OR CONTRIBUTING about hor	me, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?				
210. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?				
OF INJURY	WHILE AT NOT WHILE					
at work 22. I hereby certify that I attended the deceased from 12-15- , 19 52 to 12-15- , 19 52, that I last so deceased alive on 12-15- , 19 52, and that death occurred at 8.30FM. from the causes and on the date stated						
De muen de		940 Eastern Ave. ,Baltimore,Md.				
24A. BURIAL, CREMA- AB. DATE 24C. NAME OF CEMETERY OR CREMATORY 24O. LOCATION (City, town, or county) (State)						
Burial Dec. 19 1959 Holy Redeemer Cemetery 4430 Belair Rd. DATE RECEIVED BY REGISTRAR'S SIGNATURE 1/25. FUNERAL DIRECTOR ADDRESS						
LOCAL RECIEPAD Land As Land As						
DEC 8 1950 Tuntington Villaus, M. Braul Tolla lock 322 S. High St.						

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В	RTH NO.	CERTIFICATE	OF DEATH	Registered No.	
	NAME OF DECEASED ype or Print)	Courteni		2. DATE OF DEATH DEATH	10/952
	Baltimore City, Maryland /810 &	Ledon l. US	4. USUAL RESIDENCE	Where deceased lived. If inst.	itution : residence before admission)
H		ution, give street address or location)	C. CITY OR TOWN (If outside corporate limits, vi	rife RURAL and give
-	() () () () () () () () () ()		Balto	00	township)
C.	Length of stay in Baltimore	Yrs. Mos. Days	1820 2 4 0	f rural, give location)	
	SEX 6. COLOR OR RACE 7. SING	CE. MARMED.	8. DATE OF BIRTH	9. AGE (In years If Under last birthday) Months	
10	A. USUAL OCCUPATION (Givehinder 10B. KII	ND OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country) 12.	CITIZEN OF
01	done during most of working life, even if retired)	INDUSTRY	md.		WHAT COUNTRY?
13	FATHER'S NAME	L	14. MOTHER'S MAIDEN	NAME	
15 (Ye	i. WAS DECEASED EVER IN U. S. ARMED FORCES? s, no or unknown) (If yes, give war or dates of service)	16. SOCIAD SECURITY NO.	17. INFORMANT	ADDR	RESS .
		SECURITY NO.	mr. Pierce		lond St
	18. 4221 DISEASE OR CONDITION DIRECTL	CAUSE O	F DEATH	4	NTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the mode of dving a	· Car	diac on	refferen	?
	heart failure, asthonia, etc. It means the disc injury or complication which caused dea	ase, th.) OUE TO		-, 0	
7	ANTECEDENT CAUSES	Ve Ve	neralized	lot Euneleun	
OL	DISEASES OR CONDITIONS, IF ANY, GIV	(B) ING THE DUE TO		•••••••••••••••••••••••••••••••••••••••	***************************************
FICATIO	UNDERLYING CONDITION LAST.	(C)	***************************************	***************************************	***************************************
ERTIF	OTHER SIGNIFICANT CONDITIONS CO	ON.	/	9	
CEF	TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING	TEO UV	taminosis		
AL	19A. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPERA	TION		20. AUTOPSY?
IEDICAL		LACE OF INJURY (e. g., in e, farm, factory, street, office bldg., etc		(If in Baltimore City, give	
M	21D. TIME (Month) (Day) (Year) (Hour) FINJURY	21E. INJURY OCCURRE	2 1F. HOW DID INJUF	Y OCCUR?	
h	m.	WHILE AT WORK AT WORK		100 - 11	
	deceased alive on Dec 141952	e deceased from and that death occurr	, 1950, to	the causes and on the d	at I last saw the
	23A. SIGNATURE		B. ADDRESS	A > 2:	C. DATE SIGNED
24	A. BURIAL, CREMA- 24B. DATE DIN REMOVAL (Specify)	M. D.	Y OR CREMATORY 24D.	LOCATION (City, town, or co	2-/8-52 ounty) (State)
	Burial Wex19 1952		un		
	ATE RECEIVED BY REGISTRAR'S SIGNAT	TURE,	25. FUNERAL DIRECTOR	m h II	DRESS
1	VS 150	rausaus, my 6	Leo. B. Look 17	01-0376 Vatters	on Jank
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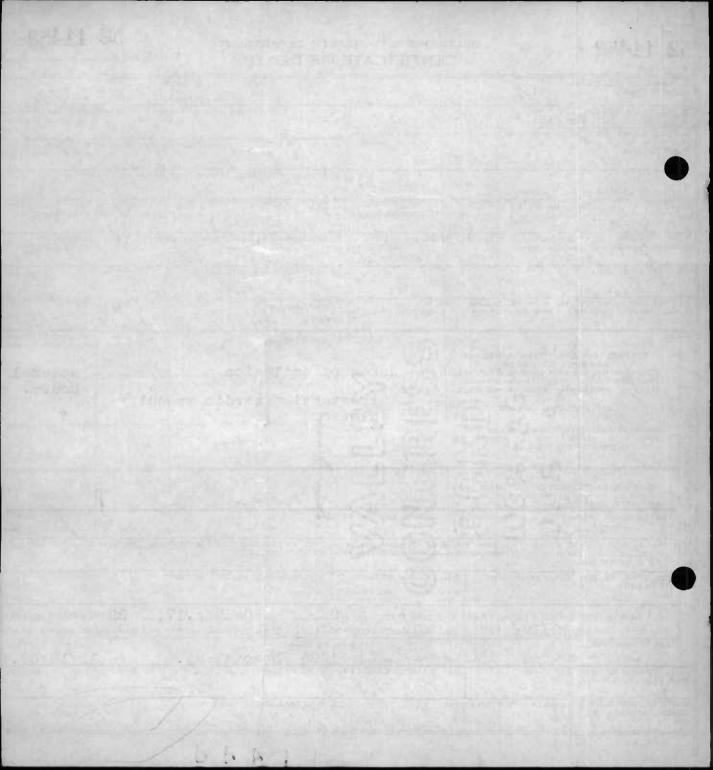
В	1-5-2- 52 114	51.		TIMORE CITY H			Registered	2 11451 No.	
1.	NAME OF D Type or Print)	198	LOREN	~ F			DATE OF DEATH 12-	17-52	
Α.		EATH: City, Maryland B	ALTO.	, MD.	4. USUAL RESID	ENCE (Where	dcceased lived, If	institution : reside	nce nission)
H	FULL NAME OSPITAL OR ISTITUTION		HOSP	on, give street address or location) ITAL	c. CITY OR TOWN	(If outs	ide eorporate limi	SVILLE ts, write RURAL a tov	nd give wnship)
c.	Length of s	tay in Baltimore	85 YR.	Yrs. Mos. Days	D. STREET ADDR	,		I'HE AC	ED
5.	SEX FEMALE	6.COLOR OR RACE	7. SINGLE WIDOW		8. DATE OF BIRTH	i 9.	AGE (In years)	7 7 7	r 24 Hours Min.
wor	None during most of	CUPATION (Give kind of f working life, even if retired)		OF BUSINESS OR INDUSTRY	MARYLA		n country)	12. CITIZEN OF WHAT COU	
	BENJA	EN WOODRO			14. MOTHER'S MA			V 0 1.	
15 (Ye	5. WAS DECEASE ma, no or unknown)	D EVER IN U.S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Phill	lins 360	DDRESS	es an
ICATION	(This does heart failu in jury or DISEASES RISE TO T	E OR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mea complication which e ANTECEDENT CAUS OR CONDITIONS, II HE ABOVE CAUSE (A) TING CONDITION LA	FH If dying, e. g. In the disease aused death. SES F ANY, GIVING STATING THE	(A) UREN	OF DEATH 11A, ELECTA 1056LEROSI -1TY, FRA	S; CAU	IMBALAL CHEXIA	ROVED BY	DEATH
CERTIFICA	TRIBUTING TO THE DI	II IGNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATED CAUSING IT	E DEAF	VESS	Mile	in pour	м. о.	
0	22. I hereby deceased all 23A SIGNATION CON. RELIGIOUS VS 150	ENT WAS UNDER R CONTRIBUTING DEATH Month) (Day) (Year) y certify that I att ive on / / / / TURE CREMA- Pecify) PREGISTRAR RAR PRAR 218. PLA about home, for (Hour) 2 m. w ended the c _, 1922, o	4c. NAME OF CEMETE	in or 21c. WHERE E INJURY OCCU ED 21F. HOW DID Tred at 75 4 m. 23B. ADDRESS ERY OR CREMATORY 25. FUNERAL DIR	ID (If in R? INJURY OF A CONTROL OF A CONTR	Baltimore City, COUR? Plus of the country of the	of floor that I last so he date stated 23c. DATE SI	n) aw the above.	
11	_ /	18 20.0	1 9	E 2 0	0 1 1 1	4 19			

CALLS OF THE STATE

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BALTIMORE CITY HEALTH DEPARTMENT Registered No ... CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. Mf rural, give location) D. STREET ADDRESS Mos. c. Length of stay in Baltimore Davs S)SEX 6. COLOR OR RACE . SINGLE, MARRIED. 8. DATE OF BIRTH ff Under 1 Year 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) | Months | Days | Hours | Min. 11. BIRTHPLACE (State or foreign country) YOA! USUAL OCCUPATION (Give kind of BUSINESS OR 108. KIND 12. CITIZEN OF work doug during those of working life, even if retired) INDUSTR WHAT COUNTRY? employ marel 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. 18. 420.1 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Coronary occlusion several heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) hours. DUE TO Hypertensive cardio wascular ANTECEDENT CAUSES disease. ATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO U 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY rione YES 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., ctc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from 3/29/ , 19 50to Dec . 17. , 1982 that I last saw the and that death occurred at 3 Pm., from the causes and on the date stated above. deceased alive on 12/12/ 152 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED Hanover St. 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24B. DAT (State) TION REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR untinglow

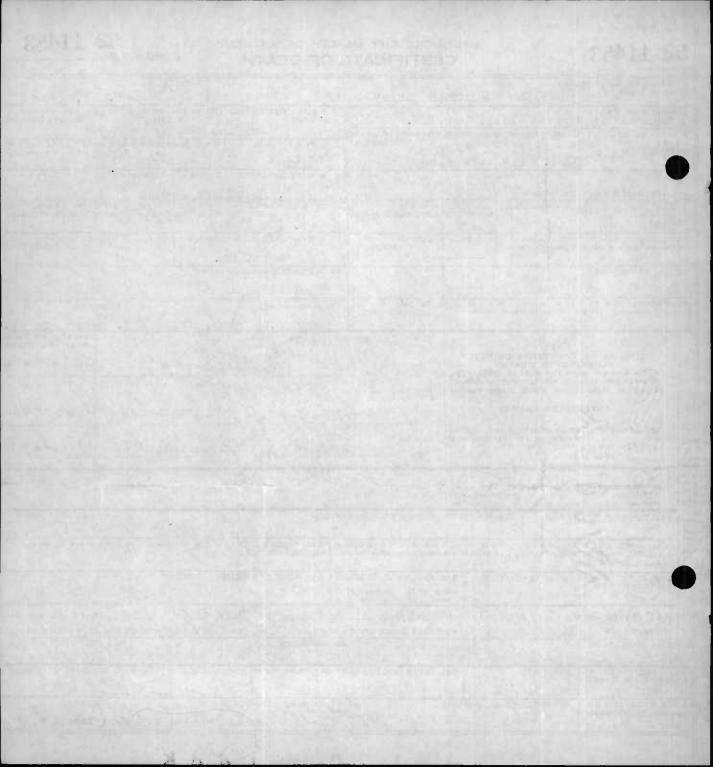


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 11453

BII	TH NO.								
	NAME OF DE		Kohle	rman Farley			2. DATE OF DEATH D	ec. 16,	1952
Α.	PLACE OF DE Baltimore C	ity, Maryland B	altimo	re, Md.	4. USUAL RESIDI	MILLON		. If institution	
B. HO	SPITAL OR	OF (If not in hospita	al or institut	tion, give street address or location)		yland		* ** ** **	
INS	TITUTION	דים מינים			c. CITY OR TOWN		utside corporate li	mits, write R	URAL and give township)
-	1	102 E. Bel	vedere		Baltimore		6		
				62 Yrs. Mos.	D. STREET ADDRI				
		ay in Baltimore	7 CINCI	Days	102 E. Be			T # 0	1 (5 () 4 - 0 4 ()
			WIDOV	E. MARRIED. VED. DIVORCED (Specify)			9. AGE (In years last hirthday)	If Under 1 Year Months Day	If Under 24 Hours Hours Min.
_	emale	White	Marr		Apr. 29,	1890	62		
		CUPATION (Give kind of f working life, even If retired)	IOB, KINI	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or for	eign country)		ZEN OF
	None				_ Baltimore	, Md.		*****	AT COOKINT
13.	FATHER'S N	AME			14. MOTHER'S MA	IDEN NA	ME		
		Michael	Kohler	man	Pauline K	iel			
15.	WAS DECEASE	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT			ADDRESS	
Y es,	no or naknowa)	(If yes, give war or date	of service)	SECURITY NO.		[C 700 1		- 3 4
1	18. 11 5 0			CALLET		artey,	Sr. 102	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED I	edere Av.
	400				OF DEATH				T AND DEATH
	DISEAS	E OR CONDITION	DIRECTLY	Day	to ()	1,000	40 17	ilan	wedista
	(This does	LEADING TO DEAT not mean the mode or e, asthenia, etc. It mean	dying, e.	g., (A)	te Pu Ede	1000	4	7 5-4	
	injury or	complication which c	aused death	se, h.) DUE TO	202	mo	~ V		
		ANTECEDENT CAUS	E.C.			11	1		0. 1
7		ANTECEDENT CAUS	23	COL	onary	ナル	100000	10 14	um rdicke
ō	DISEASES	OR CONDITIONS, IF	ANY, GIVII	NG		00	***********************		_
FI	UNDERLY	HE ABOVE CAUSE (A)	STATING TI ST.	HE DUE TO	onary	102	e rosi	(9	+ was
े				(C)	7				
ERTIFICATION		11						and absent of the same of	
2	OTHER SI	GNIFICANT CONDI	TIONS CO	N •					
81.		SEASE OR CONDITION							
	19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION			20.	. AUTOPSY?
Z.								YES	NO D
EDICA	21A. ACCIDE LYING OR CAUSE OF D	ENT WAS UNDER: CONTRIBUTING DEATH	21B. PL. about home,	ACE OF INJURY (e. g., i farm, factory, street, office bldg., e	o or 21c, WHERE D	OID (If	in Baltimore Cit	y, give exact	t location)
	210. TIME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY	OCCUR?		
	OF INJURY			WHILE AT NOT WHILE					
ŀ			m.	WORK AT WORK	70 0		- 111	, -3	
	22. I hereby	gertify that I att	ended the	deceased from 7/		, to_/2	, 19	that I	last saw the
	deceased all		, 195 4	and that death occur		, from the	e causes and or		
	23A. SIGNAT	URE)	2	3B. ADDRESS	0 06	CA	23c. D	ATE SIGNED
K	melle	en dil	en	M. D.	100.7	7	91,	172/	16106
24	A. BURIAL, C N, REMOVAL (S)	REMA- 24B. DATE		24c. NAME of CEMETE	RY OR GREMATORY	240. LO	CATION (City, to	wn, or county	y) (State)
.10	Burial	12/16/	52	New Cathedra	1-	Balt	imore, Md.		
	TE RECEIVED	BY REGISTRAR'			25 FUNERAL DIR		Dm 805	n Pal	ss work &
=		VV 64	0				2010-21	()	



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Physicians:

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LOCAL REGISTRAR

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) CHANEY MORGAN ROBINSON DEATH Dec. 17, 1952 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) BALTIMORE CITY B. FULL NAME OF (If not in hospital or institution, give street address or MARYLAND location) C. CITY OR TOWN (If outside corporate limits, write HURAL and give INSTITUTION township) UNION MEMORIAL BALTIMORE HOSPITAL Yrs. D. STREET ADDRESS (If rural, give location) Mos. CHELSA TE RRACE 7803 c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 8. DATE OF BIRTH 9. AGE (In years) It Under 1 Year last birthday) Months: Days Hours: Min. AUG. 25, 1889 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10B. KIND OF BUSINESS OR Has + 8lec. 60 work done during most of working life, even if retired)
RET. Customer Relations WHAT COUNTRY? PENNSYLVANIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Williams 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) SECURITY NO. 212-05-3070 RICHARD H. LYNCH SAME INTERVAL BETWEEN 18. 420.1 CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY MYOCARDIAL INFARCTION LEADING TO DEATH
(This does not mean the mode of dying, e.g., 10 HRS heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ARTERIU SCLEROTIC ANTECEDENT CAUSES (B) CARDIO-VASCULAR DISEASE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 22. I hereby certify that I attended the deceased from Dec 17, 1952, to Dec. 17, 1952, that I last saw the deceased alive on De-11, 1952, and that death occurred at 1100 pm., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATUR UNION MEMORIAL HOSP. Dec. 17,52 24c NAME OF CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) (State) 24B. DATE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Baltimore Mt. Olivet 20/52 Bureal 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE

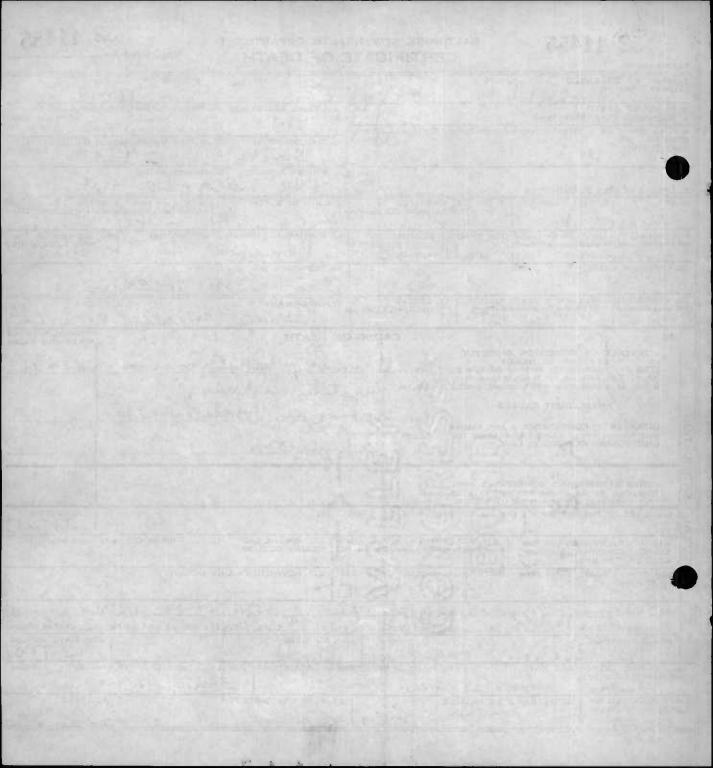
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BALTIMORE CITY HEALTH DEPARTMENT

BIR	TH NO.			CLKTIFICAT	E OF DEATH		
(Тур	IAME OF De or Print)	MARKL	EY,	Harry	E.	2. DATE OF DEATH	2-17
	LACE OF E	City, Maryland			A. USUAL RESIDENCE (Where deceased lived, B. COUNTY	If institution: residence before admission)
HOS	ULL NAME	OF (If not in hospit	tal or instituti	on, give street address or location)		f outside corporate lin	nits, write RURAL and give
INS	TITUTION	U.H			Bulto	27	township)
	<i>)</i> :-			Yrs. Mos.	D. STREET ADDRESS (III		PA.
5. S		stay in Baltimore 6.COLOR OR RACE	7. SINGLE	Days	8. DATE OF BIRTH	hner 19. AGE (In years)	If Under 1 Year If Under 24 Hours
	M	W		M. (Specify)	april 5, 1898	last histhday)	Months Days Hours Min.
10A. work do	USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.6	FATHER'S) DW	lesman	Penna		OSA
15,1	AIIIERS	NAME	ma	s le Co.	14. MOTHER'S MAIDEN N	7. mcel	
15. 1	WAS DECEAS	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL	17. INFORMANT	7. 17. 660	ADDRESS 04
(100, 1	yes	W.W.		SECURITY NO.	Kathun	Markley	1400 Sodener
1	8. 18	1.0		CAUSE	OF DEATH		INTERVAL BETWEEN
		SE OR CONDITION LEADING TO DEA s not mean the mode	TH	112	mis . hepat	ic comma	10 who
	heart failt	re, asthenia, etc. It mes complication which	ans the disease				
		ANTECEDENT CAU	SES	inq	and ministra		
Z	DISEASE	S OR CONDITIONS, I	F ANY, GIVIN	(B)	suite on	line end	A -
ATI		THE ABOVE CAUSE (A) YING CONDITION LA		E DUETO LOE	hardistin		
- FIC				(C)			•••••
ERTIFICATION		II SIGNIFICANT COND					
0	TO THE D	S TO THE DEATH, BUT	CAUSING IT				
AL	9A. DATE	OF OPERATION 1	19B. MAJOR	FINDINGS OF OPER	ATION		YES NO
		DENT WAS UNDER . R CONTRIBUTING[] DEATH		CE OF INJURY (e. g., in arm, factory, street, office bldg.,		If in Baltimore City	, give exact location)
	21D. TIME OF INJURY	(Month) (Day) (Year) (Hour)	TE. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
			m.	WORK NOT WHILE			
		y certify that I at	tended the	account j			17,4hat I last saw the
	deceased a		19	and that death occur	red at 3 Cm., from :	the causes and on	the date stated above.
	K	tiline	you	renles. D.	UIH		12-17-52
Z4A. TION	REMOVAL (S	Specify)	0/5 2	Green Mor		OCATION (City, tow	m, or county) (State)
DAT	E RECEIVE	D BY REGISTRAR		RE	25. FUNERAL DIRECTOR		ADDRESS
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B	IRTH	NO.		

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEC. 16, 1952 ATHENA DEMOS DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) MARYLAND B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write BURAL and give INSTITUTION mtownship) ST. AGNES HOSPITAL BALTIMORE D. STREET ADDRESS (If rural, give location) Yrs. Mos. 237 S. CLINTON STREET c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | If Under 1 Year | If Under 24 Hours last birthday) | Months Days | Hours Min. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify)
MARRIED EMALE 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? HOUSEWIFE GREECE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN GIANOULIS ANGELINA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Subarachnoid Homorrhage (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. DUE TO A. T. C. V. 19. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E, INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from 12-15, 1952, to 12-16, 1952 that I last saw the deceased alive on 12-16, 1952, and that death occurred at 4:3000, from the causes and on the date stated above, 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED St. agnes Hospital 12-16-02 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION REMOVAL (Specify) melers DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S LOCAL REGISTRAR VS 150

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correct age is expecially important. Physicians: please write the causes of death clearly and legibly.

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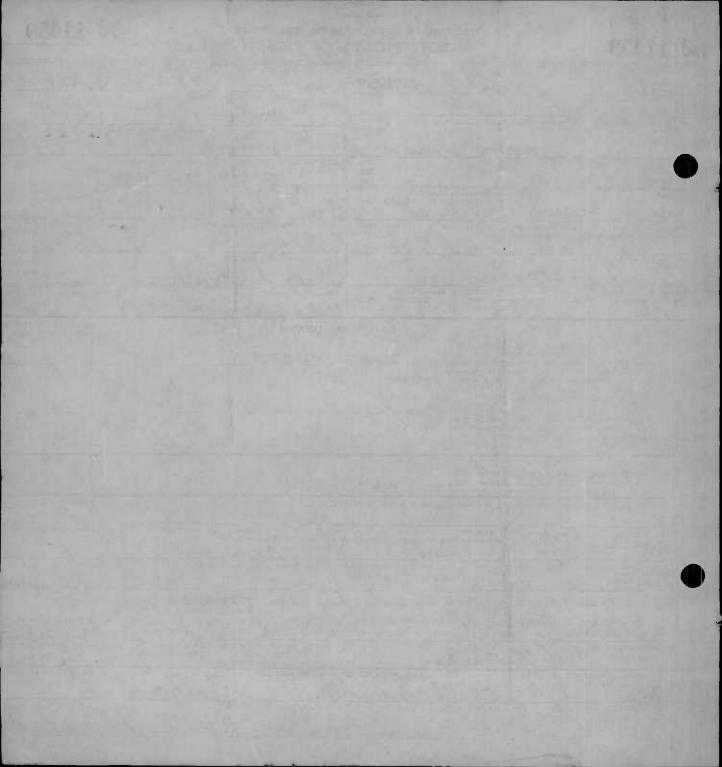
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BALTIMORE CITY HEALTH DEPARTMENT

ВІ	RTH NO.	CERTIFICAT	E OF DEATH	Registered No.	
(T		2 L. Shi	elds	2. DATE OF DEATH /2//	7/52
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If inst B. COUNTY	itution: residence before admission)
H	SPITAL OR	itution, give street address or location)		outside eorporate limits,	rite RERAL and give
IN	1125 Bayard	It.	Boltmore	4	township)
		P. Noe.		rural, give location	
	Length of stay in Baltiflore SEX 6. COLOR OR RACE 7. SIN	GLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years) If Und	1 Year If Under 24 Hours
1		DOWED, DIVORCED (Specify)	12/13/18/5	last birthday) Month	
10 wor	A. USUAL OCCUPATION (Give kind of 10B, K.	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 12	CITIZEN OF
The same	eint Myer	Bros	Baltimor	e	MSA
1.0	Dearne Shiel	Ids.	14. MOTHER'S MAIDEN NA	AME Para	
15 (Ya	. WAS DECEASED EVER IN U. S. ARMED FORCES, no or nnknown (If yes, give war or dates of service	16. SOCIAL	17. INFORMANT	· AA AADD	RESP 25 - 14
(10	(11 yes, give war of dates of service	SECURITY NO.	mrs Elicabet	t Shields	Barbard
	18. 422.1		OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying,		torlevetu	Cartin	2
	heart failure, asthenia, etc. It means the di injury or complication which caused d		cular Duce		Organi
	ANTECEDENT CAUSES	o we	eway out	ne.	
ZO	DISEASES OR CONDITIONS, IF ANY, G	IVING			
ATION	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	(C)			
FIC		(0)			
RT	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REL				
CE	TO THE DISEASE OR CONDITION CAUSIN	G IT	ATION		
AL	19A. DATE OF OPERATION 19B. MAJ	OR FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDIC		PLACE OF INJURY (e. g., in ome, farm, factory, etreet, office bldg.,		f in Baltimore City, give	exact location)
	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR		OCCUR?	
	22. I hereby certify that I attended t		- 20 , 1952 to 12	2-17 1962	hat I last saw the
	deceased alive on 12.16, 1957	L, and that death occur	red at 11:50 m., from th	re causes and on the c	late stated above.
	23A. SIGNATURE P. When P.	M. D. 2	1227 Wesle (Rend ?	2 - / SL
	A. BURIAL (REMA- 248. DATE N. REMOVAL (Specify)	4 24c. NAME OF CEMETE	RY OR CREMATORY 24D. LO	CATION (City, town, or	county) (State)
1	Surial 12/20/52	new bathed	tral Com. 431	o Old thes	erech Rd.
L	TE RECEIVED BY REGISTRAR'S SIGNA	ATURE	25 TUNERAL DIRECTOR	AL PAI	110000

52 11458 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF Dec. 17, 1952 VANESSA HOLLAND DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland Maryland (If not in hospital or institution, give street address or B. FULL NAME OF location) (If outside corporate limits white RURAL and give HOSPITAL OR C. CITY OR TOWN INSTITUTION Baltimore Franklin Square Hospital Yrs. D. STREET ADDRESS (If rural, give location) legibly. Mos. 1706 Ditman Court c. Length of stay in Baltimore Days 9. AGE (In years) If Under 1 Year 6. COLOR DR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Female Colored 124/2 10B. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF clearly work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. causes INTERVAL BETWEEN CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Interstitial pneumonitis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) 正 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING [CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! AT WORK WORK 22. I certify that I took charge of the remains described above, held an partial autopsy especia thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). X 23c. DATE SIGNED 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER age MEDICAL INVESTIGATOR. 24C. NAME OF CEMETERY DR CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE TION, REMOVAL (Specify) Direct ADDRESS DATE RECEIVED BY FUNERAL BURECTOR LOCAL REGISTRAR V S 151

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7	52 114	60			EALTH DEPARTME E OF DEATH	Registered N	2 11460
	RTH NO.						
1. (T	NAME OF D	Edward	2 10	ha sow		2. DATE OF DEATH	16-54
Α.		City, Maryland			A. STATE	E (Where deceased lived, If h	stitution (residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	.1		on, give street address of location	c. CITY OR TOWN	(If outside corporate limits,	
		Universite	1 1-10	spital	Balto.	0	township)
	Length of s	stay in Baltimore		Yrs. Mos.	6. STREET ADDRESS	(If rural, give location)	*
	SEX	6. COLOR OR RACE		Days , MARRIED,	8. DATE OF BIRTH	9. AGE (In years) If I	Inder 1 Year If Under 24 Hours
	M	80/		ED, DIVORCED (Specify	Aug. 9, 191;	last birthday) Mon	ths Days Hours Min.
WOF.	done during most	CCUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR		or foreign country)	2. CITIZEN OF WHAT COUNTRY
13	FATHER'S	NAME	110	1 rucks ing	14. MOTHER'S MAIDE	N NAME	
	UaM	BS 00/1	NEON		EGNA	ONNSON	
(Ye	s, no or unknown)	ED EVER IN U. S. ARMEI (1f yes, give war or dete	of service)	16. SOCIAL SECURITY NO.	alter May los	AD	DRESS
	18. 292	16		CAUSE	OF DEATH		INTERVAL BETWEEN
		SE OR CONDITION LEADING TO DEA		S	.///		
	heart failt	s not mean the mode of tre, asthenia, etc. It mea complication which of	of dying, e.g. ns the disease		ckle cell	CVISIS	
		ANTECEDENT CAUS					
Z	DISEASE	S OR CONDITIONS, I	F ANY, GIVING		ele cell	aNEMIA	
ATI	RISE TO 1	THE ABOVE CAUSE (A)	STATING THE	E DUE TO			
10				(C)			
ERTIFICATION	TRIBUTING	II SIGNIFICANT CONDI S TO THE DEATH, BUT	NOT RELATED				
U		SEASE OR CONDITION			NATION!		Lee Allegary
AL		OF OPERATION 1		FINDINGS OF OPE			YES NO
EDIC	21A. ACCID LYING O CAUSE OF	DENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., rm, factory, street, office bldg.	n or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City, gi	ve exact location)
	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 2	1E. INJURY OCCURE	ED 21F. HOW DID IN	JURY OCCUR?	
	OF INJURY			HILE AT NOT WHILE			
	22. I hereb	y certify that I att	ended the	deceased from_/2	- 19 19 to	12-16, 195	
	deceased a	live on 13-16	, 1952, 0	and that death occu	rred at 6- p.m., fre	om the causes and on the	
	23a. SIGNA	Ramer	en.	M. D.	UNIVERSIT	y (fop. Tal	23c. DATE SIGNED
2.	4A. BURIAL.	CREMA- 24B. DATE		40 NAME OF GEMET		O COCATION Wity town,	rcounty) (State)
9	ON, REMOVAL (S	12/201	1969 V	thrulus !	Umount 6	walle	fila!
	ATE RECEIVE		SIGNATU	3 " 11 mm	25. FUNERAL DIRECT	0	ADDRESS 322/n
	11-11-11-11	Charles I was	" Her	haus Mis.	man Kirty R.	Willes and A	chronding

68352, 1452

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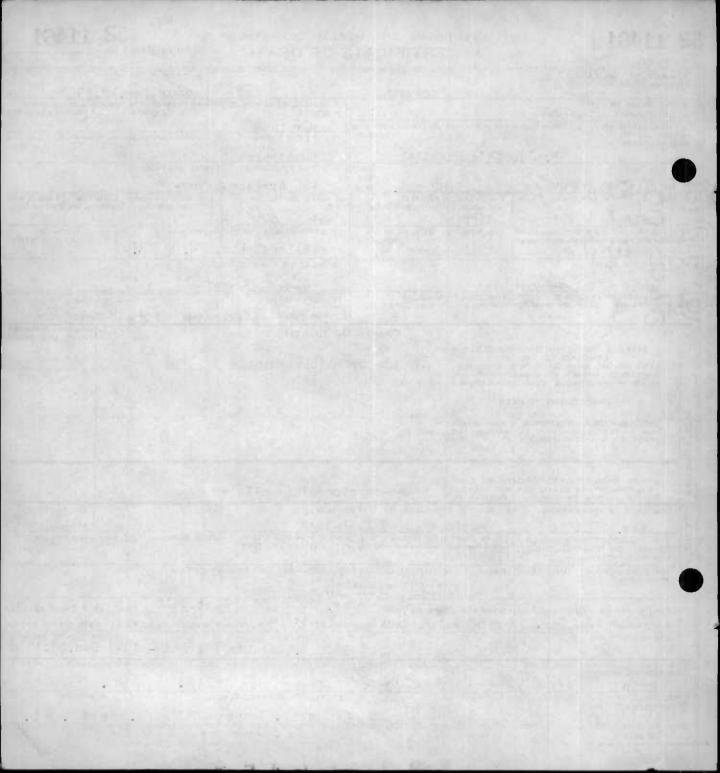
correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 11461

BALTIMORE	CITT	DEALID	DEPARTME
CERTI	FICA	TE OF	DEATH

BIRTH NO.	CERTIFICATE	E OF DEATH	Registered No.	
1. NAME OF DECEASED			2. DATE	
(Type or Print)	LORENCE SCHWINN		OF	1052
3. PLACE OF DEATH:	LORENCE SCHWINN	4. USUAL RESIDENCE (W	DEATH Dec. 18 here deceased lived. If ins	titution: residence
A. Baltimore City, Maryland		A. STATE	B. COUNTY	before admission)
B. FULL NAME OF (If not in hospital HOSPITAL OR INSTITUTION	l or institution, give street address or location)	c. CITY OR TOWN (If o	outside corporate limits, w	
	eph's Hospital	Baltimore	1.12	jownship)
1	Yrs.	D. STREET ADDRESS (If r	ural, give location)	
c. Length of stay in Baltimore	52 yrs. Days	946 Armistead		
5. SEX 6. COLOR OR RACE Female White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	Dec 27.1891	9. AGE (In years last birthday) Month	er I Year If Under 24 Hours Min.
10A. USUAL OCCUPATION (Give kind of)	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country) 12	CITIZEN OF
work done during most of working life, even if retired)	INDUSTRY	Philodelphia		WHAT COUNTRY?
Housework 13. FATHER'S NAME	Own home	Philadelphia, 14. MOTHER'S MAIDEN NA		
Robert Dreno	1041	14. MOTHER'S MAIDEN NA	ME :	
15. WAS DECEASED EVER IN U. S. AR MED	FORGES? 16. SOCIAL	17. INFORMANT	100	2500 ///2.4
(Yes, no or unknown) (If yes, give war or tates	of service) SECURITY NO.	Paris		RESS. Way
110		Conract selwi	m 946 di	misken
18. 155X	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION D	IRECTLY			
(This does not mean the mode of	dving, e.g., (A) Hypos	tatic pneumonia		
heart failure, asthenia, etc. It mean	s the disease.	~	•••••••••••••••••••••••••••••••••	
injury or complication which ca	used death.) DUE TO			
ANTECEDENT CAUSE	is			
Z	(B)		***************************************	
DISEASES OR CONDITIONS, IF	ANY, GIVING STATING THE DUE TO			
UNDERLYING CONDITION LAS	эт.			
일	(C)			***************************************
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) SUNDERLYING CONDITION LAS UNDERLYING CONDITION LAS UNDERLYING TO THE DEATH, BUT N		Mark Committee of the C		
OTHER SIGNIFICANT CONDIT				Neithern team
TRIBUTING TO THE DEATH, BUT N TO THE DISEASE OR CONDITION		inoma of Gallblade	ler	
. 19A. DATE OF OPERATION . 19	B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
Nov. 29.1952	Carcinoma of Gallb	ladder		YES NO X
21A. ACCIDENT WAS UNDER-	218. PLACE OF INJURY (e. g., in	or 21c. WHERE DID (If	in Baltimore City, give	exact location)
LYING OR CONTRIBUTING CAUSE OF DEATH	about home, farm, factory, street, office bldg., e	tc.) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (OF INJURY	(Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?	
OF INJURY	WHILE AT NOT WHILE			
	m. WORK L AT WORK L	ov. 20 1952 to De	ec. 18 10 52	
22. I hereby certify that I atte	nucu the acceased from		, 15, t	hat I last saw the
deceased alive on Dec. 18				
23A. SIGNATURE flaus U	1 / // 2	3B. ADDRESS 1400 N. Caroline		Dec. 18, 1952
24A. BURIAL. CREMA- 24B. DATE	24C. NAME OF CEMETER	RY OR CREMATORY 24D. LO	CATION (City, town, or	eounty) (State)
TION, REMOVAL (Specify)	52 Parkings	P	to. Md.	
DATE RECEIVED BY I REGISTRAR'S	SIGNATURE	25. FUNERAL DIRECTOR		DDRESS
LOGAL REGISTRAR	an 1- 11/11			
DEU 10 1497 Tun	Englow Visheales. Al	John A. Moran	3000 E. Ba	lto. St.
VS 150	0	Per 140 Kewis		

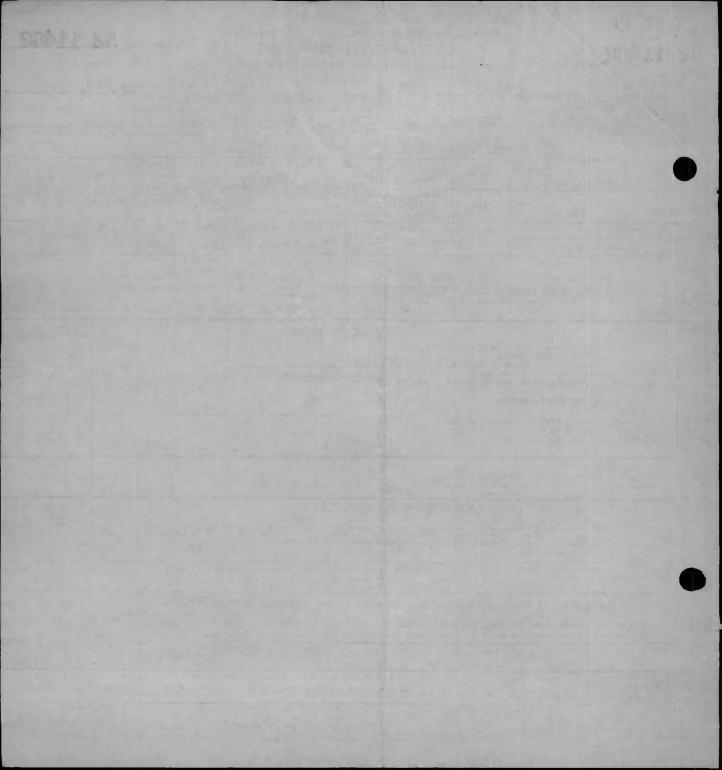
5. 2



BALTIMORE CITY HEALTH DEPARTMENT Registered 52 11462 CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) ROBERT DEATH Dec. 17, 1952

4. USUAL RESIDENCE (Where deceased lived, If institution: residence BROWN 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A. STATE Maryland (If not in hospital or institution, give street address or B. FULL NAME OF location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) University Hospital Baltimore o. STREET ADDRESS (If rural, give location) Yrs. - SYKESVILLE Liberty Road c. Length of stay in Baltimore 9. AGE (In years If Under I Year 6 COLOR OR FACE 7. SINGLE, MARRIED 8. DATE OF BIRTH last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) JUNE 24 Male White 123 SINGLE 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? CARROLL CO. INFANT 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME death BROWN POLLOCK ARTHUR LAURA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. (Yes, no or naknown) SYKESVILLE BROWN NO ARTHUR NONE CAUSE OF DEATH ONSET AND OFATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Septicemia heart failure, asthenia, etc. It means the disease, OUE TO Meningococcus injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUF TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., In or 21A. EXTERNAL CAUSE WAS UNDERLYING [OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING | CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WORK autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident [], suicide [], homicide [], undetermined []. 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER 1 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR..... age 24C. NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE SPRINGFIELD CEM DEG. 20, 1752 BURIAL 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR WEER WHAIGHT FON DIR. SYKEGVILLE, MA

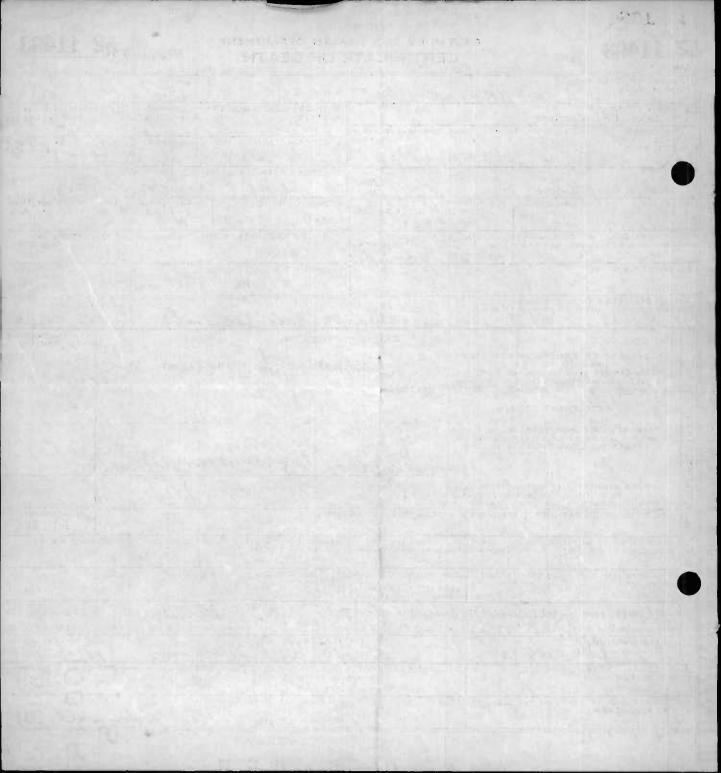
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correct age is especially important. Physicians: please write the causes of learly and legibly.

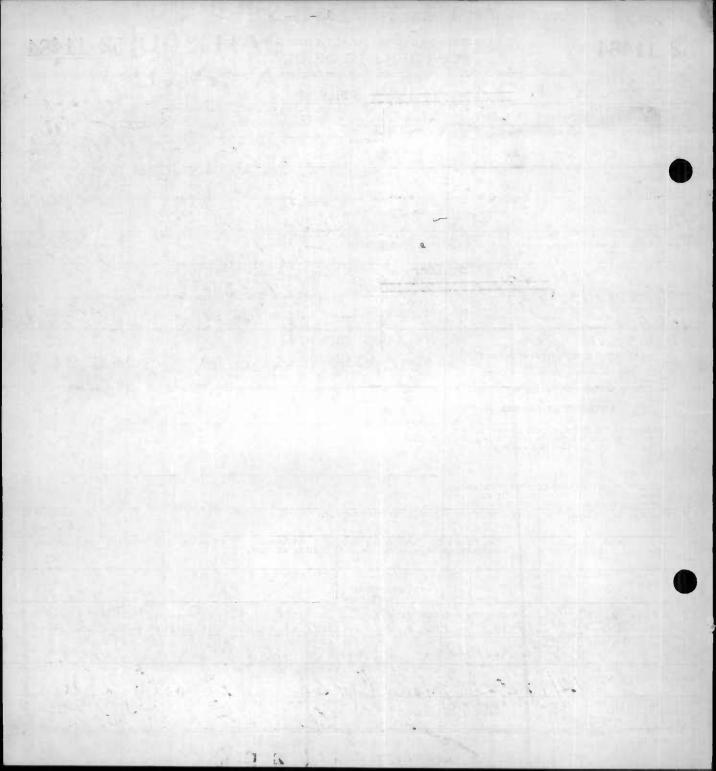
BALTIMORE CITY HEALTH DEPARTMENT

	J. J. J. Jay	O		ERTIFICAT	E OF DEATH	Registered	No.
-	RTH NO.						
1. (T	NAME OF D	LEON	ARD	B. 51	EINACKER	2. DATE OF DEATH /)	13-52
A.		City, Maryland			4. USUAL RESIDENCE	(Where deceased lived, I B. COUNTY	f institution; residence hefore admission)
		OF (If not in hospit	al or institution	n, give strect address o location			10
IN	SPITAL OR	5295.	BENTA		C. CITY OR TOWN		its, write RURAL and give township)
4	-0	0 0.	W 270. 11	Yrs.	D. STREET ADDRESS (
				Mos.			
		tay in Baltimore		Days	"	BENTAL	
5.	SEX	6. COLOR OR RACE	7. SINGLE.	MARRIED, D, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years last birthday) M	fonths Days Hours Min.
	M	W		NGLE	MAY 12, 1907	45	
		CUPATION (Givekindof	108. KIND (OF BUSINESS OR	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF
WOL	WEIG	of working life, even if retired)	ADINY.	INDUSTR	MD.		WHAT COUNTRY?
13	FATHER'S		שפייואון	LSHNJCA	14. MOTHER'S MAIDEN	NAME	
		ALVIN P.		colours !	JULIA	Marie San Colonia	
						TUTTLE	
(Ye	s, no or nnknown)	ED EVER IN U.S. ARMEI (If yes, give war nr date	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	1/ES	W.W. I	I bi	714-03-5203	Mys Julia St	einocher-52	9 D. Bertelau St.
	18. 002	V		CAUSE	OF DEATH		INTERVAL BETWEEN
			DIDECT! W		1 1	. / -	ONSET AND DEATH
		SE OR CONDITION LEADING TO DEA	TH	111	Incorporal lubes	Auloual liet	m
	(This does	s not mean the mode are, asthenia, etc. It mes	of dying, e.g.,	(A)	10000		
	injury or	complication which	caused death.)	DUE TO			
		ANTECEDENT CAU	SES				
z				(B)			
2		S OR CONDITIONS, I					
A	UNDERL	YING CONDITION L	AST,	7	11 01		1
2				Milan	endles H / rela	yeum (Ed)	2011
E		11		My sugar	cjus o v	10 -0	oug.
8		SIGNIFICANT COND					
CE		G TO THE DEATH, BUT DISEASE OR CONDITION					
1	19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
Ā							YES NO
	21A. ACCIDI HOMICIDE	ENT. SUICIDE.	21B. PLAC	E OF INJURY (e. g., m, factory, street, office bldg	in or 21c. WHERE DID	(If in Baltimore City,	give exact location)
ED	HOMICIDE	(Specify)	about bome, and	m, raceory, series, omes bras	113011 000011		
2	21b. TIME	(Month) (Day) (Year	(Hour) 2	E. INJURY OCCUR	RED 21F. HOW DID INJU	IRY OCCUR?	
	OF INJURY		WH	HILE AT NOT WHIL	E []		
				WORK AT WORK		Alexa is	
	22. I hereb	y certify that I at	tended the d	eceased from	15 , 1912, to_		that I last saw the
	deceased/a	live on AVC /2	_, 195 Z, a	nd that death occu	irred at 2.A m., from	n the causes and on	
	23 , SIGNA	TUPE() >/ 7	/		23B. ADDRESS	Ti	23c. DATE SIGNED
	14119	It musi	9	• м. р.	210/ Welling	us	12/072
2.	4A. BURIAL,	CREMA- 24B. DATE	24		ERY OR CREMATORY 240	LOCATION (City, tow	n, or county) (State)
11	ON, REMOVAL (S		-52	Cathe	Isal Cem	Balty.	nel.
D	ATE RECEIVE		S SIGNATUR		25. FUNERAL DIRECTO	R	ADDRESS
	OCAL REGIST	TRAR	truston	Villiams M	PS- 17	orley. Cato	- ille 10 1
-	DFC18	1055	1		Learn W.	Tily-	naver plus
	VS 150	1332		2 4	1		



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE OF SCHAFFER DEATH 3. PLACE OF DEATH: A. Baltimore City, Maryland A. USUAL RESIDENCE (Where deceased lived, If institution; residence a. STATE

B. COUNTY before admissi before admission) B. FULL NAME OF HOSPITAL OR (If not in hospital or institution, give street address or location) write RURA Manil give INSTITUTION township) Yrs. D. STREET ADDRESS (If rura Dgive location Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE SINGLE, MARRIED If Under 1 Year Il Under 24 Hours lashbirthday) Months Days Hours : Min. WIDOWED, DIVORCED (Specify, 12. 91TIZEN OF 10A. USUAL OCCUPATION (Givekind of) ACE (State or foreign country 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or waknown) (If yes, give war or dates of service) 6. SOCIAL 17. INFORMANT SECURITY NO. INTERVAL BETWEEN 18. CAUSE ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from 105 that I last saw the an., from the causes and on the date stated above. and that death occurred at/[20 deceased alive on 2 A. SIGNATURE 23B. ADDRES 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 4B. DATE DATE RECEIVED BY 25. EUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



5	BI	110:55	E OF DEATH Registered No.	5		
	(T)	NAME OF DECEASED Bally Gul Haus	ley (50 3 anna) 2. DATE OF 12-18-5:			
	Α.	PLACE OF DEATH: Baltimore City, Maryland	4 USUAL RESIDENCE (Where deceased lived, If institution, resider 5 STATE B. COUNTY before a mi			
	HO	FULL NAME OF (If not in hospital or institution, give street address or location) STITUTION	C. CITY OR TOWN . (If outside corporate limits, write RURAL and	nd give		
bly.	Ô	runey story -	O. STREET ADDRESS. (If rural, give location)	11011711		
legibly	c.	Length of stay in Baltimore Mos. Days	in this Timber de Poss d			
y and		SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 15 9. AGE (In years it linds I Year have has birthday) Months: Days Hours			
clearly	work	A. USUAL OCCUPATION (Givekindof done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUN			
death	13	FATHER'S NAME Sa Stanley	14. MOTHER'S MAIDEN NAME William			
of	15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (If yes, give war or dates of service)	17. INFORMANT ADDRESS			
Physicians: please write the causes	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mede of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) CAUSE OF DEATH (A) (A) (B) CAUSE OF DEATH (A) (B) CAUSE OF DEATH (C) (C) (D) ONSET ONSE					
Ph	CE	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 19B. MAJOR FINIS 19B. MAJOR F	RATION 20, AUTOP			
ant.	CAI	21a. ACCIDENT WAS UNDER: 21b. PLACE OF INJURY (e.g.,		10		
important.	1ED	LYING OR CONTRIBUTING bout home, farm, factory, street, office bldg	etc.) INJURY OCCUR?			
		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE				
especially		m. WORK AT WORK 22. I hereby certify that I attended the deceased from		47		
esbe		deceased alive on 12-18, 1952, and that death occur	rred at / 3 40 m., from the causes and on the date stated a	bove.		
e is		23A. SIGNATURE ALO ANCEN M. D.	238. ADDRESS 23c. DATE SIG	SNED		
t age		A. BURIAL SPECIFUL 248. DATE 24C. NAME OF CEMETE	BY OR CREMATORY 24d. LOCATION (City, town, or county) (S	State)		
correct	DA	ATE RECEIVED BY REGISTRAR'S SIGNATURE MAN	25 FUNERAL DIRECTOR ADDRESS	7/		
	Đ	Vs 150	perone it for former (o, 100 cm. 1100	1/2		
1	1	0 5 2 0 0	11156 6001-1			

Patricia ne Suzane 12/18 miller Cerciles apeake, this:

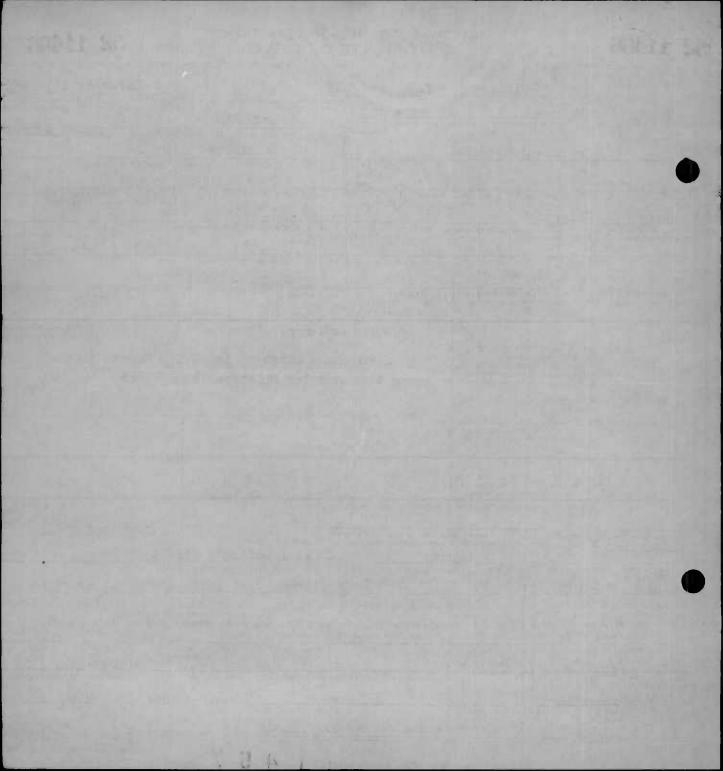
52 11366 Physicians: please write the causes of death clearly and legibly.

correct age is especially important.

BALTIMORE CITY HEALTH DEPARTMENT CEPTIFICATE OF DEATH

Registered NA 11466

BIRTH NO.	E OF DEATH
1. NAME OF DECEASED	2. DATE
(Type or Print)	ONES DECEmber 16, 1952
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If institution : residence
A. Baltimore City, Maryland	A. STATE B. COUNTY before admission) Maryland
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
INSTITUTION	township)
Provident Hospital	Baltimore D. STREET ADDRESS (If rural, give location)
Yrs. Mos.	
C. Length of stay in Battimore Bays	2803 Walbrook Avenue
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years 16 Under 1 Year 16 Under 24 Hours last birthday) Months Days Hours Min.
Male Colored WIDOWED DIVORCED (Specify)	Nov.20,1926 26
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
work done during most of working life, even if retired) INDUSTRY	Baltimore, Maryland V.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William H. Jones	Emma C. Washington
15 WAS DECEASED EVER IN IL S ARMED ECONCES 16 SOCIAL	
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
Yes Korea 216-20-4569	Emma Washington 2003 Walbrook Ave.
18. E982X CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
(This does not mean the mode of dying, e.g.,	wound of chest involving heart
1 2	massive bilateral hemothorax
injury or complication which caused death.)	Messive printegral nemodition
ANTECEDENT CAUSES	
Z DISEASES OR CONDITIONS, IF ANY, GIVING	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONCUTION CAUSING IT.	
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
	YES X NO
21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., i	
UNDERLYING OR CONTRIB. UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.	
DING CAUSE OF BEATH. HOUSE 21D. TIME (Moath) (Day) (Year) (Hour) 21E. INJURY OCCURR	1121 Whitlock Street ED 21F. HOW DID INJURY OCCUR?
OF INITIBY	
Dec. 16, 1952 5:00 Pm. WORK AT WORK	Stabbed with knife during altercation
22. I certify that I took charge of the remains described of	above, held an Autopsy thereon and from
the evidence obtained by said Autonsy Inspection or	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes	$s \square$, accident \square , suicide \square , homicide \square , undetermined \square .
23A. SIGNATURE	
11 10000 11000 TIXTH M	ASSISTANT MEDICAL EXAMINER Dec. 17, 1952
24A. BURIAL, CREMA- 24B. DATE / 248 NAME OF CEMETE	
Burial 12/20/52 Mat. Calo	and love to love to med
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. UNERAL DIRECTOR . ADDRESS .
LOCAL REGISTRAR	
UEL 181059 Tunturgion Virustus, Mis	arlengton S. Phillips 1808 M. Thomas to
V S 151 N 861.2	Baltimore 17, Md



52 11467 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. DATE 1. NAME OF DECEASED Dibusci (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived 3. PLACE OF DEATH: B. COUNT before admission) A. STATE A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or butlide corporate limits, write RURAL and give location) HOSPITAL OR JOHNS HOPKINS HOSPITAL INSTITUTION township) o. STREET ADDRESS (If rural, give logation) Yrs. Mos. 18 days c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, DOWED, DIVORCED (Specify) If Under I Year If Under 24 Hours 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years last birthday) | Months: Days | Hours: Min. 128 percon ۵. IRTHPLACE (State or foreign country) USUAL OCCUPATION (Give kind of 12. CITIZEN OF 10B. KIND OF BUSINESS OR work done ouring most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL INFORMANT ADDRESS SECURITY NO. JOHNS HOPKINS HOSPITAL INTERVAL BETWEEN 18. 151X CAUSE OF DEATH ONSET AND OEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION YES V (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE! WHILE AT . 1952 that I last saw the 1952 to 12 22. I hereby certify that I attended the deceased from. , 19 52 and that death occurred at 6.30 m., from the causes and on the date stated above. deceased alive on 12117 23c. DATE SIGNED 23B. ADDRESS 23A. SIGNATURE JOHNS HOPKINS HOSPITAL age 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 244. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Manila Dec. 18, 1952 Removal ADDRESS DATE RECEIVED BY | REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St. LOCAL REGISTRAR Turtinglow C1 Q 10EG VS 150

important.

especially

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correct

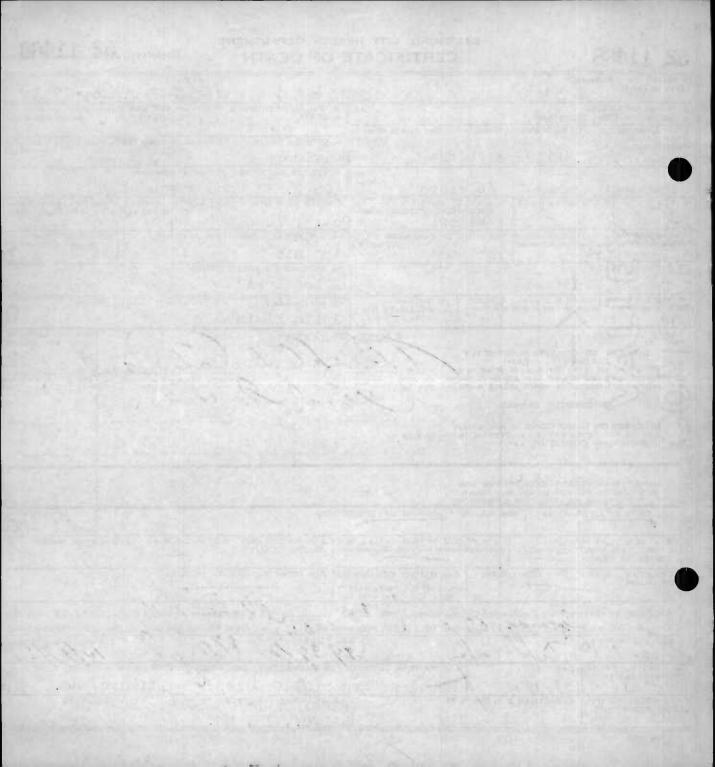
FAX N. BHOLDING TO RECORD

52 11468

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered N52 11468

BIRTH NO.										
	NAME OF D ype or Print)		DRAPE	ER AMOS (M	ARY :	REED)		2. DATE OF DEATH DEC	. 16,	1952
A.		City, Maryland	hear.		A. S	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE Maryland B. COUNTY before admission)				
HC	FULL NAME OSPITAL OR STITUTION	OF (If not in hospit	al or institu	tion, give street address location		ITY OR TOWN		utside corporage li	mits, vrite R	RAL and give
608 N. Ellwood Avenue						Baltimore township)				
Yrs. Mos.						b. STREET ADDRESS (If rural, give location) 608 N. Ellwood Avenue				
c. Length of stay in Baltimore 64 years Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.				18. D	8 N. Elli Ate of Birth		9. AGE (in years			
F		W	WIDOWED, DIVORCED (Specify) WidoW			.3, 1868		last birthday) 84	Months Day	's Hours Min.
			INDUSTR	Y	IRTHPLACE (Sta	te or fore	eign country)	12. CITI	ZEN OF AT COUNTRY?	
Housework at home				ginia MOTHER'S MAID	FN NA	4F	USA			
Samuel Winstead						Alice Lewis				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECLIBITY NO.				17. 1	NFORMANT			ADDRESS		
No 216-09-6659 Julia Klein										
CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease in jury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED								ONSE	T AND DEATH
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OP				RATION				20. YES	AUTOPSY No
1EDICA										location)
21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?										
	m. WHILE AT NOT WHILE AT WORK									
	22. I hereby certify that I attended the deceased from 195 to 192 that I last saw the deceased alive on 195 and that death occurred at 195 m., from the causes and on the date stated above									
	deceased alive on 192 and that death occurred at 1 m., from the causes and on the date stated above 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED									
20	L Cheil	CREMA-L 24B. DATE	defe	M. D. C	FRY OP	GREMATORY! 2	40 100	CATJON (City, to	Wr. or county	(State)
24a. BURIAL, CREMA-24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) / (State) burial / 12/19/52 Moreland Memorial Cemetery Baltimore, Md.										
DATE RECEIVED BY REGISTRAR'S SIGNATURE HENRY SANDER & SONS, INC ADDRESS BALTO., 13, MD. See I Maryle										
	VC 1EO		/1	3 /	4			/ /		



correct age is especially important. Physicians: please write the causes of death creatly and regiony.

-	436						
1	52 114	29	BAI	LTIMORE CITY HE	ALTH DEPARTMENT	5	2 11469
	IRTH NO.	,0		CERTIFICATI	E OF DEATH	Registered N	0.4 1.1111
=	NAME OF DE	CEASED				2. DATE	
(3	Type or Print)	W	ILLIAM H	.C. WILDER			16, 1952
	PLACE OF DE		J	ME IN THE STREET	4. USUAL RESIDENCE (W	here deceased lived. If in	nstitution : residence
-	Baltimore Ci			ion, give street address or	A. STATE Maryland	B. COUNTY	before admission)
H	OSPITAL OR			location)		outside corporate limits,	write RURAL and give
		9 E. Fe	deral St:	reet	Baltimore	7	township)
				Yrs. Mos.	D. STREET ADDRESS (If	The second secon	
	Length of sta			Days	1709 E. Feder		
5	SEX	COLOR OR	RACE 7. SINGLE	E. MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If I	Inder I Year If Under 24 Hours ths Days Hours Min.
	M	W		ried	Nov. 11, 1883	69	
MOL 10	A. USUAL OCC k done during most of t	UPATION (Giv working life, even it	retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY?
	Apprais		U.S. C	ustom Servic	e Baltimore, M		USA
	FATHER'S NA				14. MOTHER'S MAIDEN NA		
	Henry C.				Annie Wilkins		
(Ye	5. WAS DECEASED	(If yes, give was	ARMED FORCES? or detes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT 1709		⊕taseet13
1	no			none	Mrs. Nannie S.	Wilder	
	18.443	× ı		CAUSE	OF DEATH	0	INTERVAL BETWEEN
		OR CONDI	TION DIRECTLY	P	100		1
	(This does r	not mean the	mode of dying, e. o It means the diseas	., (A)	rebal human	hage	1 day
			hich caused death	DUE TO			
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING						
Z	DISEASES	OR CONDITIO	ONS, IF ANY, GIVIN	(B)	irlusin cara	io roseul	n 13 grs
Ĕ	RISE TO THE		E (A) STATING TH	E DUE TO	1.		
ERTIFICATION	ONDERETT.	NG CONDITI	DIN LAST.	(C)	assase	***************************************	*****
F		11					
RT			ONDITIONS CON				
CE			DITION CAUSING I				
_	19A. DATE OF	OPERATION	O 19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
CA	ALL ACCURE	NET MAG LINE	Serie Lore Di	CE OF DUMPY (-l ote wilene pin (1	6 in Dalkinson City	YES NO
JEDICAL	LYING OR CAUSE OF D	CONTRIBUTI		ACE OF INJURY (e. g., in farm, factory, street, office bldg., c	21c. WHERE DID (I. INJURY OCCUR?	f in Baltimore City, gi	ve exact location)
	21D. TIME (MO)	Ionth) (Day)	(Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
			m.	WHILE AT NOT WHILE		(1	
	22. I herchy	certify that	attended the	deceased from 13	Sept 1951, to 1	6 Nic 1952	that I last saw the
	deceased alia				red at 63Pm., from th		e date stated above.
	23A. SIGNATU				3B. ADDRESS 7 81	10.	23c. DATE SIGNED
	Toler		may	м. р.	1531 C 1/ouch	. are	18 Due 52
ZI,	AN. BURIAL, CR	EMA 24B. Decify)	. /	24C. NAME OF CEMETE	RY OR CREMATORY 24D. LC	OCATION (City, town, o	or county) (State)
	buria	1 12/1		Baltimore Ce	metery Balti	more, Md.	
	ATE RECEIVED OCAL REGISTR		TRAR'S SIGNATU	JRE.	ENRY SANDER	SONS INO.	ADDRESS
1	DEC 1 8 10	59	untinglow	Villalus, M.	ALTO, 13. MD.	Ben/1/6	angler.
	VS 150	UL	0	01	0.	8	
				- 64/0	11. 1.		

50 1147/0 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 2 4190

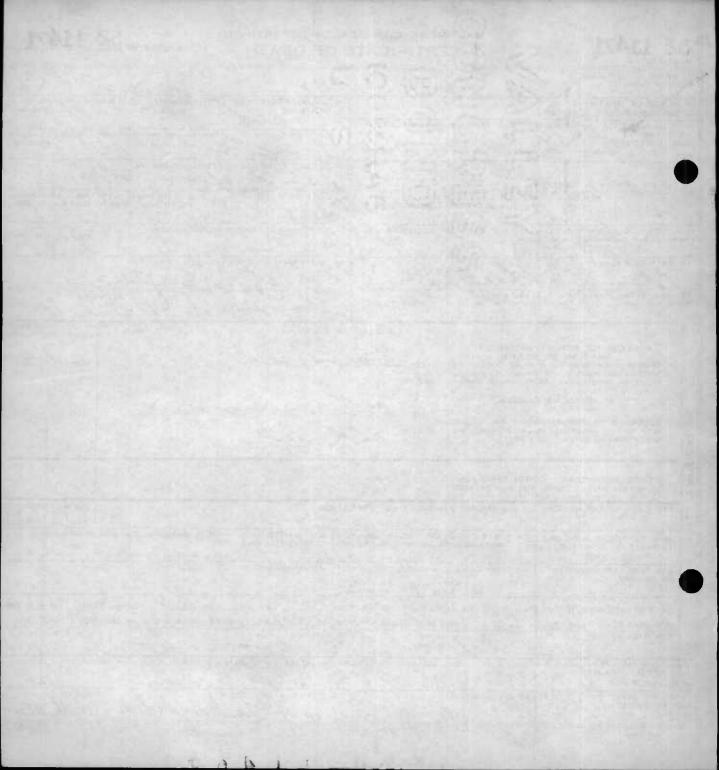
	BI	IRTH NO.		0211111107111			
	1. NAME OF DECEASED (Type or Print) EDITH				GROSS	OF DEATH DECEMB	er 15, 1952
	3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (W A. STATE Maryland	here deceased lived. If in B. COUNTY	stitution : residence before admission)	
	B. FULL NAME OF A form of in hospital or institution, give street address of location) NSTITUTION Provident Hospital					outside corporate limits,	write RURAL and give township)
legibly	Yrs. Mos. Days				D. STREET ADDRESS (If 1222 Madiso		
and le	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specific Permane Colored Specific Permane Colored WIDOWED, DIVORCED (Specific Permane Colored Specific Perma				8. DATE OF BIRTH 11/6/48		nder I Yaar If Under 24 Hours Hours Min.
clearly	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY				Baltimore, Md.		2. CITIZEN OF WHAT COUNTRY?
death ci	13	Richard Gross			14. MOTHER'S MAIDEN NA Eleanora Baker		
5 (6. WAS DECEASED EVER IN U. S. ARM. 6. no or unknown) (If yes, give war or da		16. SOCIAL SECURITY NO.	17. INFORMANT Richard Gross,		Ave.
Clamb.	RTIFICATION	DISEASE OR CONDITION LEADING TO DE. (This does not mean the mode heart failure, asthenia, etc. It me injury or complication which ANTECEDENT CAL DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION to OTHER SIGNIFICANT CONDITIONAL TRIBUTING TO THE DEATH, BUT	ATH of dying, e. zans the disea caused deat USES IF ANY, GIVI) STATING T. AST.	(a) Extension (b) Example (c) Syncope	ve Third Degree E		
	O H	19a. DATE OF OPERATION	5	R FINDINGS OF OPER	ATION		20. AUTOPSY?
5 11 6	EDICAL	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB UTING CAUSE OF DEATH	about home	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e NOME	to) 21c. WHERE DID (I INJURY OCCUR? 1222 Madisor	f in Baltimore City, giv	
	M	21D. TIME (Month) (Day) (Year OF INJURY 10/8/52 1:4)		2 IE. INJURY OCCURRI	21F. HOW DID INJURY Clothes ign	occur? ited while pla	matches ying with
s especially		22. I certify that I took charge of the remains described above, held an autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \Box , accident Ξ , suicide \Box , homicide \Box , undetermined \Box .					
age Is		23A. SIGNATURE	1		238. CHIEF MEDICAL E ASSISTANT MEDICAL E D. MEDICAL INVESTIGATO	EXAMINER	15/52
Tech		Burial (Specify) 12/1.9	/52	Mt. Auburi		Balto., Md.	county) (State)
_	LC	ATE RECEIVED BY REGISTRAN CO. 18,1952	'S SIGNATI	URE	25. FUNERAL DIRECTOR Charles R. Law,		odress venue
	V	S 151 N944/2	2				

Registered 52 11471 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE 4 THERBURY (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location (If outside corporate limits write RURAL and give C. CITY OR TOWN INSTITUTION township) Wrs. ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED last birthday) | Months Days | Hours | Min. WIDOWED, DIVORCED (Specify) 11. BRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 10B, KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY work done during most of working life, every if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME who 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL INFORMANT 17. (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 60 INTERVAL BETWEEN CAUSE OF DEATH 18. 4-20.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 2 IF. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT WORK AT WORK Sec 18 192 that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on 16, 1952 and that death occurred at 1.30 Am., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE TION REMOVAL Specify 12/20 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 4(State) rancoci DIRECTOR 25 FUNERAL ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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BALTIMORE CITY HEALTH DEPARTMENT

52 11472

52 11472 Registered No ... CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) Anna M. Riesner 72-75-52 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence Balto. A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN tlf outside corporate limits, write RURAL and give INSTITUTION 511 S. Maderia Street Baltimore . Md. D. STREET ADDRESS (If rural, give location) Yrs. Mos 511 S. Maderia Street c. Length of stay in Baltimore Days 5. SEX 8. DATE OF BIRTH 9. AGE (in years | | Under | Year | | Under 24 Hours | last | Grinday | Months Days | Hours Min. 6. COLOR DR RACE 7. SINGLE, MARRIED, WIDOWED QUEORCED (Specify) 1-25-91 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF Amer . Coat Pad Co work done during most of working life, even if retired) WHAT COUNTRY? Baltimore. Md. Floor Lady 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Katherine Zorn Christopher Riesner 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Katherine Riesnersame INTERVAL BETWEEN 331X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Cerebal Heunsleage heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) Cleanis arterias hyperter DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from Dec 10 , 1952, to Dec 15 , 1952, that I last saw the deceased alive on De. is, 1952, and that death occurred at 12 5 Pm., from the causes and on the date stated above. 23A. SIQNATURE 23c. DATE SIGNED 12/16/520 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) Baltimore . Md. Holy Redeemer 12-19-52 Burial 25. FUNERAL DIRECTOR

VS 150

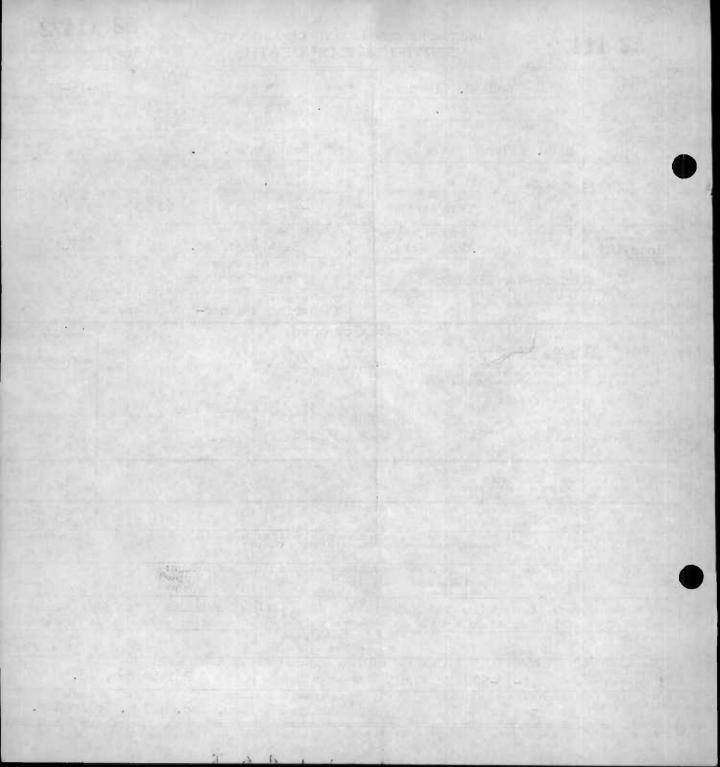
DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

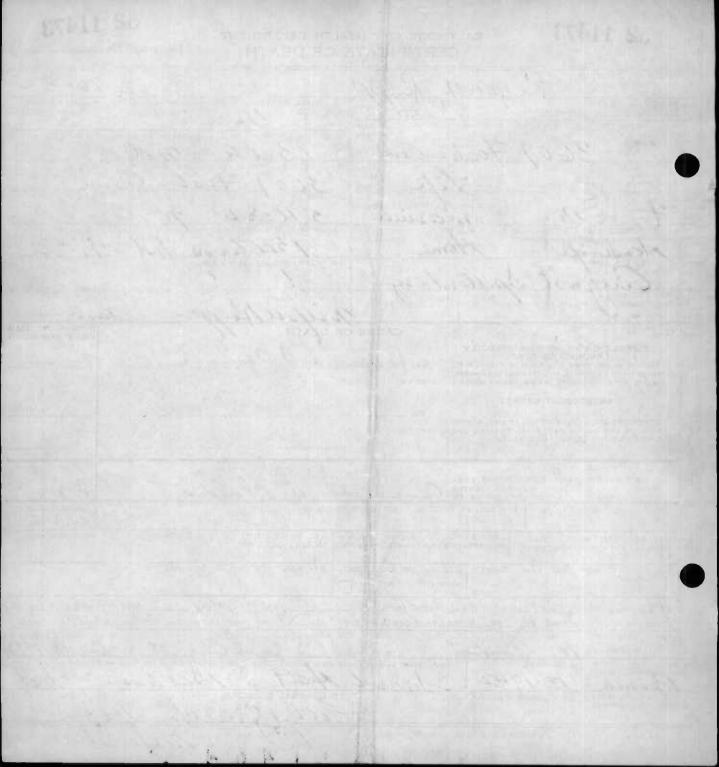
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Lilly & Zeiler, Inc. 403 S. Wolfe Str.



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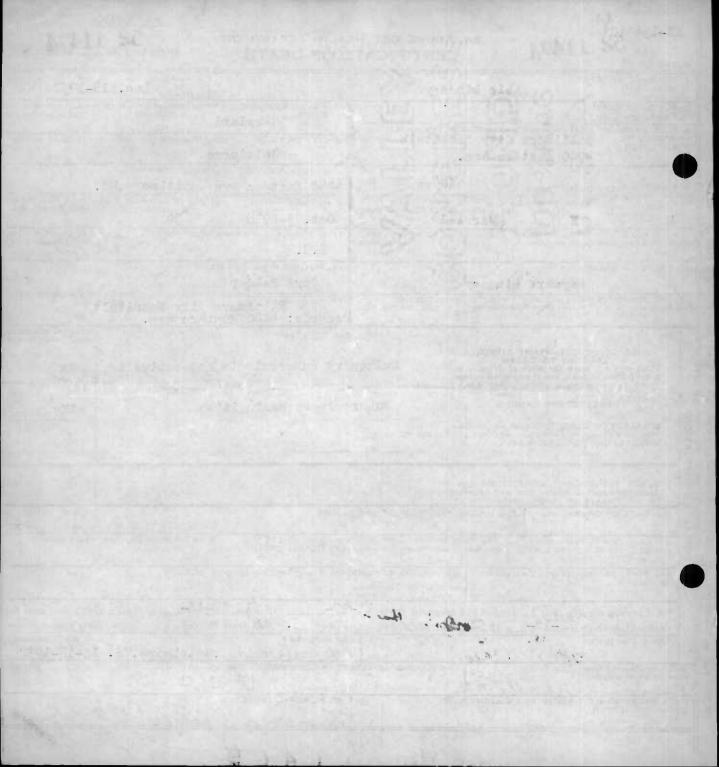


AB-154310 1147A 52 11474 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 2. DATE 1. NAME OF DECEASED (Type or Print) OF Dec. 18-1952 Abie Lindsey DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF (If not in hospital or insutution, give state location)
Baltimore City Hospitals location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4940 Eastern Ave. Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mog 10yrs 4940 Eastern Ave. ,Baltimore, Md. c. Length of stav in Baltimore 9. AGE (in years If Under 1 Year last birthday) Months Days Hours Min. 8. DATE OF BIRTH 5. SFX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Oct. 5-1918 Married 10A. USUAL OCCUPATION (Give kind of LOB, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? S.C. 13. FATHER'S NAME PAROLET 14. MOTHER'S MAIDEN NAME Cora Felder Hayward Lindsey 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANItimore City Hospitals (Yes, no or unknown) SECURITY NO. Records: 4940 Eastern Ave. INTERVAL BETWEEN 18. 102X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Pulmonary Tuberculosis Moderative Advanced heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO Tuberculosis Meningitis ANTECEDENT CAUSES IMo DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 1 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21b. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE 19 51 to 12-18-22. I hereby certify that I attended the deceased from 11-27-_____. 19.52 that I last saw the _ 19.52, and that death occurred at 5.054M, from the causes and on the date stated above. deceased alive on 12-18-23B. ADDRESS 23A. SIGNATURE 23c, DATE SIGNED 4940 Eastern Ave. Baltimore, Md. 12-18-1952 24c. NAME of CEMETERY or CREMATORY | 24o. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION REMOVAL (Specify) ADDRESS DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR 6 6 6 4000

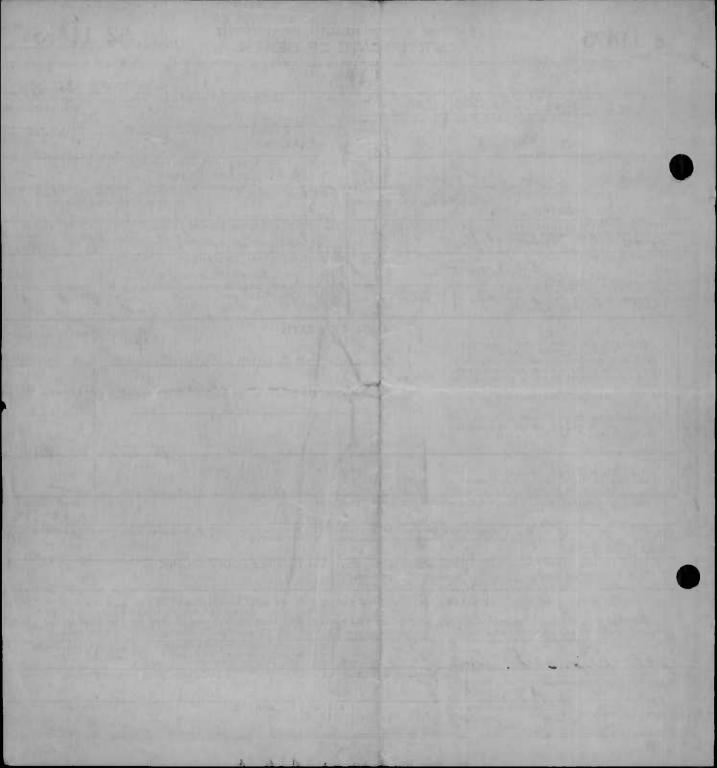
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Registered Ro 11475 BALTIMORE CITY HEALTH DEPARTMENT 11475 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF ELWOOD STEWART DEATH December 15, 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF of not in hospital or institution, give street address or Marvland HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Mercy Hospital township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos 146 N. Exeter Street Length of stay in Baltimore Days 7, SINGLE, MARRIED 5 SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED DIVORCED (Specify last birthday) | Months: Days | Hours | Min. Male Colored 10A. USUAL OCCUPATION (Give kind of work done during most of vorbing filter and retired) clearly 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAM week 15. WAS DECEASED EVER IN U. S. AFMED FORCES? 16. SOCIAL (Yes, no or unknown) SECURITY NO. causes 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH the (This does not mean the mode of dying, e.g., (A) Hypertensive Cardiovascular Disease heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUF TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB UTING T CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK 22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes 🖺, accident 🔲, suicide 🖂, homicide 🖂, undetermined 🗀. 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER..... MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-24C NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR huston



52 11476 BALTIMORE CITY HEALTH DEPARTMENT Registered No .__ CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF George A. Williams DEATH Dec. 17,1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Marvland HOSPITAL OR Riviera Apts. location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give Linden Ave. & Park Drive Baltimore p. STREET ADDRESS (If rural, give location Yrs. Mos. 1112 Etting St. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE AGE (In years | ff Under 1 Year | h Under 24 Hours last birthday) | Months; Days | Hours | Min. 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) WIDOWED, DIVORCED (Specify) Male Colored Aug. 4, 1906 Married 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Cook S. Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Williams Bessie Nelson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or nnknown (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) SECURITY NO. Wrs. Katie Matthews 1112 Etting 18. 48/X CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Chronic Cardio Vascular Assence LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, astbenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO Le grippe mit Bronchite OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 21A, ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) HOMICIDE 21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE AT WORK , 1949, to 12, 1962, that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on beet, 1952, and that death occurred at 23A SIGNATURE 23B. ADDRESS 23c. DATE SIGNED michael 7 Aframs 18 vo Entown place Dew. 18.52

Baltimore Co., Md. Burial 12-20-52 Arbutus Mem. Park 125. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Titances U. Heresler wartinglow VS 150

ADDRESS 5

24c NAME OF CEMETERY OF CREMATORY | 240, LOCATION (City, town, or county)

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

causes

especially important.

THE PROPERTY AND ADDRESS OF THE PARTY.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write PLIRAL and give INSTITUTION Yrs. Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OF RACE Months Days Hours Min. 7. SINGLE, MARRIED 9. AGE (In years) WIDOWED DIVORCED (Specify) last birthday) 10A. USUAL OCCUPATION (Give kind of work done during artiful of working life, even if retired) BUSINESS OR 10B. KIND (State or foreign country) 12. CITIZEN OF HOUSTRY 13. EATHER'S NAME n 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, go or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. 18. INTERVAL BETWEEN 610% CAUSE OF ONSET AND OFATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) Orteno-oden OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS YES 21B. PLACE OF UNJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERā about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F, HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY MOT WHILE WHILE AT 22. I hereby certify that I attended the deceased from_ 19_, that I last saw the and that death occurred at 4.00 Pm., from the causes and on the date stated above, deceased alive on 17 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A BURIAL, CREMA-TION. RIMOVAL (Specify) 24c. NAME OF CEMETER TION (City, town, or county 24B DATE Lucit

VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

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25 FUNERAL DIRECTOR

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	532	MACO.	RTIFICATE	VEINTZ!	WE &	JT 5	2 11478
В	52 114 IRTH NO.	78	CI	ERTIFICAT	E OF DEATH	Registered	
	NAME OF D	PECEASED	zeph	Wein	thereig	2. DATE OF DEATH	18/52
A.		City, Maryland	0		STATE		If institution: residence before admission
н	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospi	tal or institution,	give street address or location)	c. CITTOR TOWN	(If outside corporate lim	nits, write RURAL and giv
	ongth of a	tow in Poltimore	100	Yrs.	>1 -0 N-	(If rural, give location)	1 0,00
=	SEX	6. COLOR OF RACE		ARRIED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Ain years	If Under 1 Year If Under 24 Hours Min
10 wor	NA. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	S. FATHER'S I	hame			14. MOTHER'S MAIDEN	NAME	
15 (Yo	MAS DECEASI	D EVER IN U. S. ARME (If yes, give war or date	D FORCES? 16	SECURITY NO.	17 NFORMANT	tomeia -	ADDRESS
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. HYPERTENSIVE CARDIOVASCILAR DISEASE (A) (B) (B) (B) (C)						
CERTI	TRIBUTING TO THE D	IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED				
AL	19A. DATE C	F OPERATION 0 1	98. MAJOR FIN	NDINGS OF OPER	ATION		20. AUTOPSY?
MEDICA	LYING OF	ENT WAS UNDER CONTRIBUTING DEATH (Month) (Day) (Year)	about home, farm, f	OF INJURY (e. g., in factory, street, office bldg., e	tc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
	F INJURY	month, (Day) (Tear)	m. WHILI				
	deceased al		tended the dec	that death occur	ADDRESS	n the causes and on	that I last saw the date stated above
Z4 TH	BURIAL, (S	REMA- 24B. DATE pecify)	246	MAME OF CEMETER		LOCATION (City, town	1/
TI CO	ATE RECEIVED DCAL REGIST	D BY REGISTRAR	s signature ton Will	ama-MP	25. FUNERAL DIRECTO	De 2100 6	LADDRESS PL
100	VS 150		9 5	2 240	64469		

ee Correction letter in local ent File

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 11479 Registered No.

15=	KIH NO.					
1. (T	NAME OF DECEASED AAR	ON	TIU,	NN	2. DATE OF DEATH	-18-52
Α.	PLACE OF DEATH: Baltimore City, Maryland 46			a STATE MI	NCE (Where deceased lived.	If institution: residence before admission)
H	FULL NAME OF (If not in hospital OSPITAL OR STITUTION AL	l or institution	n, give et eet address or location)	c. COY OR TOWN	(If outside corporate lin	mits, write RURAL and give
	Mt Dem	au V	force	balter	none 2	7-/6 township)
			Yrs.	D. STREET ADDRE	(If rural, give location)	P
	Length of stay in Baltimore SEX 6.COLOR OR RACE	7. SINGLE.	MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year II Under 24 Hours
11	ale white	WIDOWE	D, DIVORCED (Specify)	10-12/- 18		Months Days Hours Min.
worl	A. USUAL OCCUPATION (Give kind of deducing most of working life, eyen if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY
15	FATHER'S NAME			nes	sea	
'	WAL IN INC.	,		14. MOTHER'S MAI	DEN NAME	
15	. WAS DECEASED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	12) INFORMANT	cow-	ADDRESS
(10	(If yes, give war or dates	of service)	SECURITY NO.	Messie,	Yumo-	Lavel
	18. 350 X		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION D	Н	1	arkensons	Dieser	
	(This does not mean the mode of heart failure, asthenia, etc. It mean	s the disease,	(A)X	mannows	neman	s years.
	injury or complication which ca	(SE 1)	DUE TO			
z	ANTECEDENT CAUSE		(B)			
임	DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAS	STATING THE	DUE TO			***************************************
UV	ONDERETING CONDITION LAS		(C)	***************************************		
RTIFICATION	11			MENTAL		
ER	OTHER SIGNIFICANT CONDIT TRIBUTING TO THE DESEASE OR CONDITION	OT RELATED				
			FINDINGS OF OPER	ATION		20. AUTOPSY?
S	ALL ACCIDENT WAS INVESTIGATED	01- 01-6				YES NO
(EDI	21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	about home, far	CE OF INJURY (e. g., in m,factory,street,office bldg.,e	to,) 21c. WHERE DI	O (If in Baltimore City	y, give exact location)
	21D. TIME (Month) (Day) (Year) (OF INJURY		IE. INJURY OCCURRI	ED 21F. HOW DID	INJURY OCCUR?	
		m. WH	WORK NOT WHILE			
	22. I hereby certify that I atte			2 - 1951		52, that I last saw the
	deceased alive on 12-17 23A. SIGNATURE	19 J V. an		red at	from the causes and on	the date stated above.
	1 Hedruma	hun		400 Aze	tou Xoad	12.18.52
7/C	N. REMOVAL (Specify)	- 24	4C. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, tov	vn, or county) (State)
	ATE RECEIVED BY REGISTRAR'S	SIGNATUR	Tosec	25. FUNERAL DIRE	CTOP	AODRESS
	FC 19197 Hunting	to N	lliaus, M.P.	ackdow	is ne 2100	Eulew Po
	VC 150					

White Albert Pood

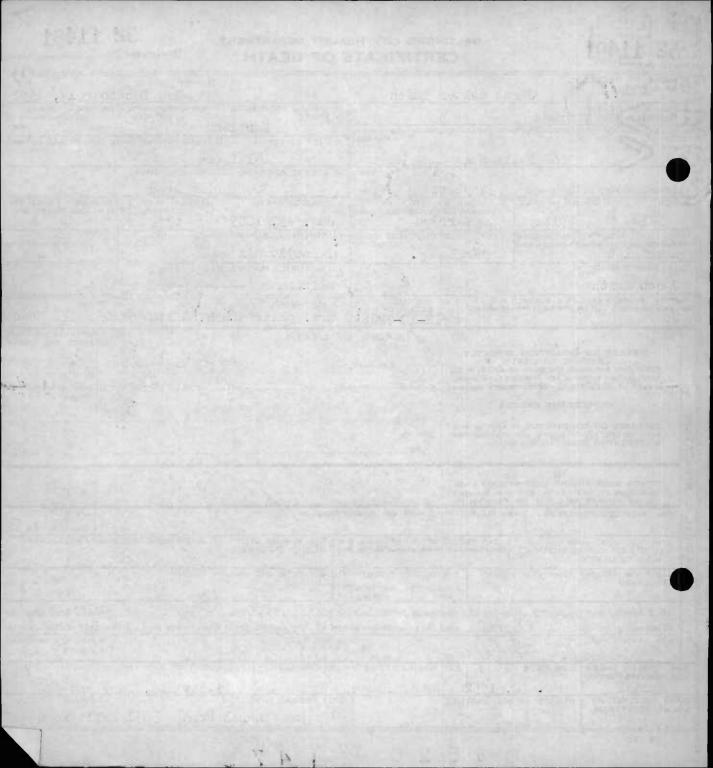
212	LTMORE CITY HE	ALTI BERLEYELE	52	11430	
52 11480 BIRTH NO.	CERTIFICATI	E OF DEATH	Registered No.		
1. NAME OF DECEASED (Type or Print) 50PH/E	JA	OBSON	2. DATE OF DEATH /2 -	18-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If ins	titution: residence before admission)	
B. FULL NAME OF (If not in hospital or institution)	old (we	C. CITY OF TOWN (III	outside corporate limits, w	vrite RURAL and give township)	
Cength of stay in Baltimore	60 Moor	D. STREET ADDRESS (If	rural, give ocation)	ave	
5/SEX 6. COLOR OR RACE 7. SING	LE, MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years if Und last birthday) Month	er I Year If Under 24 Hours as Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of ore done during most of working life, are lifetired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 12	CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME	(19)	14 MOTHER'S MAIDEN NA	AME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16, SOCIAL SECURITY NO.	17/INFORMANT	ADD ADD	RESS	
CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) ACUSE OF DEATH (A) ACUSE OF DEATH (A) ACUSE OF DEATH (B) ACUSE OF DEATH (C) (C)					
RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 198. MAJO	TED	ATION		20. AUTOPSY?	
O'AL			f in Baltimore City, give	YES NO	
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about hom. CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	LACE OF INJURY (e. g., in e, farm, factory, street, office bldg., e	etc.) INJURY OCCUR?	-	e exact location)	
22. I hereby certify that I attended th			•	hat I last saw the	
deceased alive on (MM7, 198)		38. ADDRESS Bill	he causes and on the	23c. DATE SIGNED	
248. BURIAL, CREMA- TIN, REMOVAL (Specify) /2-21-52	MANE OF CEMETE	STARL 24D. LO	CATION (City, town, or	county) (State)	
DATE RECEIVED BY REGISTRAR'S SIGNAL FC 191914 House	Velliams, M.P.	28. FUNERAL DIRECTOR	Ju 2100 6	odress Pe	
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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C. Length of stay in Baltimore 34 years Mos. Dose Mos. Mos. Mos. Mos. Mos. Mos. Mos. Mos.	1. (T:	NAME OF Dipe or Print)		es Walt	ton Smith		2. DATE OF DOOR	mbom 17 1050
B. FULL NAME OF HOSPITAL OR INSPITATION 3662 Falls Road 267 No. 1000000000000000000000000000000000000			EATH:	CD WALL	OCI DIRECTI		Where deceased lived, I	f institution : residence
2. Length of stay in Baltimore 3. years 3. y	В.	TULL NAME		al or institut		Marylan	nd .	
C. Length of stay in Baltimore 31 years Mon. Mon. S. SEK G. COLOR OR RACE 7. SINGLE MARRIED NV MATTION Marting 10. USUAL OCCUPATION (Greekinder) Machinist 10. LISUAL OCCUPATION (Greekinder) 10. LISUAL OCCUPATION (Greekinder) Machinist 11. BIRTHPLACE (State or foreign country) Machinist 12. CATIZEN OF Pennsylvania 13. FATHER 8 NAME JACOD Smith 15. WAS DECEASED EVER IN U.S. ARHED FORCES? (May or makeons) (If you drive war or dates of servine) SECURITY NO. SECURITY METAIL SERVER. SECURITY NO. SECURITY	IN	STITUTION	0//0 7 7					its, write RURAL and giv
C. Length of stay in Baltimore 34 years Mos. Days 3662 Falls Road 5. SEX 6. GOLOR OR RACE 7. SINGLE MARRIED. 19. AGE in year blood the blood b	-		3002 Fal	Is Road				0 0
Male White Married Specify Jan. 25, 1889 63 10A. USUAL OCCUPATION (Give kinds) Jan. 25, 1889 63 10A. USUAL OCCUPATION (Give kinds) Jan. 25, 1889 63 10A. USUAL OCCUPATION (Give kinds) Jan. 25, 1889 63 10A. USUAL OCCUPATION (Give kinds) Jan. 25, 1889 63 10A. USUAL OCCUPATION (Give kinds) Jan. 25, 1889 63 10A. USUAL OCCUPATION (Give kinds) Jan. 25, 1889 63 10A. USUAL OCCUPATION (Give kinds) Jan. 25, 1889 63 10A. USUAL OCCUPATION (Give kinds) Jan. 25, 1889 63 10A. USUAL OCCUPATION (Give kinds) Jan. 25, 1889 63 10B. KIND OF BUSINESS OR INDUSTRY Permsylvania Jan. 25, 1889 63 11B. BITTIFLACE (State or foreign country) Jan. 25, 1889 63 11B. BITTIFLACE (State or foreign country) Permsylvania Jan. 25, 1889 63 11B. BITTIFLACE (State or foreign country) Permsylvania Jan. 25, 1889 63 12B. MASS DECEASED EVER IN U. S. ARMED FORCES JAN. 25, 1889 12B. MASS DECEASED EVER IN U. S. ARMED FORCES JAN. 25, 1889 12B. MASS DECEASED EVER IN U. S. ARMED FORCES JAN. 212-10-728 JAN. 212-10-				34 ye	Mos.			
IOA. USUAL OCCUPATION (Girvained IOB. KIND OF BUSINESS OR INDUSTRY MACHINIST MACHI	5.			WIDOW	ED, DIVORCED (Specify)		9. AGE (in years last birthday)	If Under 1 Year If Under 24 Hours Ionths Days Hours Min.
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL NO. 212-10-728) 17. INFORMANT ADDRESS 3662 Falls Road 18. 15.	13	FATHER'S N	IAME				AME	0 0 11
18. 5 3 x						Elizabeth		
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LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20, AUTOPSY? YES NO 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Shout home, farm, factory, street, office bldg., etc.) LID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY OCCUR? TID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED AT WORK A					CAPSE	OF DEATH		ONSET AND DEATH
ANTECEDENT CAUSES CB			LEADING TO DEAT	'H	1 um	es of at	2	14)MA
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTION LAST. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? VES NO LYING OR CONTRIBUTING blout bome, farm, factory, atreet, office bldg, etc.) LYING OR CONTRIBUTING blout bome, farm, factory, atreet, office bldg, etc.) LYING OR CONTRIBUTING blout bome, farm, factory, atreet, office bldg, etc.) LYING OR CONTRIBUTING blout bome, farm, factory, atreet, office bldg, etc.) LYING OR CONTRIBUTING blout bome, farm, factory, atreet, office bldg, etc.) LYING OR CONTRIBUTING blout bome, farm, factory, atreet, office bldg, etc.) LYING OR CONTRIBUTING blout bome, farm, factory, atreet, office bldg, etc.) ID, TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR? TID, TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR? WHILE AT NORW LIPE AT NORW LI		heart failu	re, asthenia, etc. It mca:	ns the disease	e,		K	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION PARTY OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? VES NO LYING OR CONTRIBUTING about home, farm, factory, effect, effice bidg, etc.) 11D, TIME (Month) (Day) (Year) (Hour) FINJURY OCCUR? 11D, TIME (Month) (Day) (Year) (Hour) WHILE AT NOT WHILE 123. SIGNATURE 224. A BURIAL, GREMA- 123. SIGNATURE 23B. ADDRESS ADDRESS DEC. 20, 1952 Druid Ridge Pikesville, Maryland DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE 10 OTHER SIGNIFICANT CONDITIONS 20. AUTOPSY? VES NO 21. WHERE DID (If in Baltimore City, give exact location) 11 JURY OCCUR? WHILE AT NOT WHILE 12 JURY OCCUR? WHILE AT NOT WHILE 14 JURY OCCUR? WHILE AT NOT WHILE 15 JURY OCCUR? WHILE AT NOT WHILE 16 JURY OCCUR? WHILE AT NOT WHILE 17 JURY OCCUR? WHILE AT NOT WHILE 18 JURY OCCUR? WHILE AT NOT WHILE 19 JU					.) DOE 10			
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH PID. TIME (Month) (Day) (Year) (Hour) FINJURY 22. I hereby certify that I attended the deceased from WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from AT WORK 22. I hereby certify that I attended the deceased from 23. SIGNATURE 24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial Dec. 20, 1952 Druid Ridge DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR Bur gee Funeral Home 3631 Falls Road	Z				(8)	***************************************	7000********	•••••
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH PID. TIME (Month) (Day) (Year) (Hour) FINJURY 22. I hereby certify that I attended the deceased from WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from AT WORK 22. I hereby certify that I attended the deceased from 23. SIGNATURE 24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial Dec. 20, 1952 Druid Ridge DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR Bur gee Funeral Home 3631 Falls Road	위	RISE TO TI	HE ABOVE CAUSE (A)	STATING TH				
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH PID. TIME (Month) (Day) (Year) (Hour) FINJURY 22. I hereby certify that I attended the deceased from WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from AT WORK 22. I hereby certify that I attended the deceased from 23. SIGNATURE 24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial Dec. 20, 1952 Druid Ridge DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR Bur gee Funeral Home 3631 Falls Road	CA	ONDERLI	ING CONDITION LA	51.	(C)	***************************************	***************************************	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH PID. TIME (Month) (Day) (Year) (Hour) FINJURY 22. I hereby certify that I attended the deceased from WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from AT WORK 22. I hereby certify that I attended the deceased from 23. SIGNATURE 24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial Dec. 20, 1952 Druid Ridge DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR Bur gee Funeral Home 3631 Falls Road	TIF		11					
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PID. TIME (Month) (Day) (Year) (Hour) PF INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from the deceased alive on the date stated above the deceased from the date stated above the deceased alive on the deceased from the date stated above the deceased alive on the deceased from the deceased alive on the deceased from the deceased alive on the deceased from						ATION		20. AUTOPSY?
PID. TIME (Month) (Day) (Year) (Hour) PF INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from the deceased alive on the date stated above the deceased from the date stated above the deceased alive on the deceased from the date stated above the deceased alive on the deceased from the deceased alive on the deceased from the deceased alive on the deceased from	SA.							
22. I hereby certify that I attended the deceased from deceased alive on deceased alive on deceased alive on deceased from deceased alive on deceased alive	4EDI	LYING OF	CONTRIBUTING			a or 21c. WHERE DID (1 sto.) INJURY OCCUR?	f in Baltimore City,	give exact location)
22. I hereby certify that I attended the deceased from the deceased from the deceased alive on the date stated above the deceased alive on the deceased alive of the deceased alive on the deceased al		OF INJURY						
deceased alive on VCC 17, 195 and that death occurred at 2 mm, from the causes and on the date stated above 23A. SIGNATURE 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNE 24A. BURIAL. CREMA. 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State Pikesville, Maryland DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS Burgee Funeral Home 3631 Falls Road								
233. SIGNATURE 24A. BURIAL. CREMA- TION. REMOVAL (Specify) Burial Dec. 20, 1952 Druid Ridge DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR Burgee Funeral Home 3631 Falls Road	1		ive on VEC 17	195 L	and that death occur	red at 2'0' Pm from t.	, 10	
Burial Dec. 20, 1952 Druid Ridge Pikesville, Maryland DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR The local Registrar Williams Williams Burgee Funeral Home 3631 Falls Road		23A, SIGNAT	han I	KELL	ech M.D. 2	38 ADDRESS Roland	lave.	23c. DATE SIGNED
Burial Dec. 20, 1952 Druid Ridge Pikesville, Maryland DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR The local Registrar Williams Williams Burgee Funeral Home 3631 Falls Road	24 TIO	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)						
DEC 19 195) Huntington Williams MT Burgee Funeral Home 3631 Falls Road		Burial Dec. 20, 1952 Druid Ridge Pikesville, Maryland						
			RAR 1	1 1	VIII:		Home 3631	Falls Road
	-	VS 150	- June	0	n'i	3. Horace 9	12	



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BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 11482

BIRTH NO.	E OF DEATH					
(Type or Brint) WILLIAM JOHN HEEK	2. DATE OF DEATH DEC. 17, 1952					
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)						
INSTITUTION 2750 Herford Reserved	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore township)					
Yrs	D. STREET ADDRESS (If rural, give location)					
c. Length of stay in Baltimore	2730 Harford Road					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIT OWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under 1 Year li Under 24 Hours Months; Days Hours; Min.					
male white married	July 30, 1871 81					
10A. USUAL OCCUPATION (Give kind of wind of BUSINESS OR work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY					
1st Vice Pres. Heer Bros Pharmacy In	c Baltimore, Naryland					
13. FATHER'S NAME	14. MOTHER'S MATDEN NAME					
Charles Heer	Caroline Gleaser					
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS					
18. // 2 o l	May Co Heer, 2730 Hartord Road					
DISEASE OR CONDITION DIRECTLY	OF DEATH ONSET AND DEATH					
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	ugus Thererultoris 14 days					
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
ANTECEDENT CAUSES						
Z (B) (C)	usseleighe Cardin					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	1010					
(6)	Icular Devocate // 1970					
OTHER SIGNIFICANT CONDITIONS CON-						
OTHER SIGNIFICANT CONDITIONS CON-						
TO THE DISEASE OR CONDITION CAUSING IT.	RATION 20. AUTOPSY?					
	YES NO P					
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	n or 21C. WHERE DID (If in Baltimore City, give exact location) injury occur?					
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F, HOW DID INJUBY OCCUR?					
m. WHILE AT NOT WHILE						
22. I hereby certify that Lattended the deceased from 20 Nov, 1948, to 17 - Dec, 1957 that I last saw						
deceased alive on 7 - Dec. 1957, and that death occur	rred at 3 P. m., from the causes and on the date stated above.					
Cleas W Edurals M.O.	27 He Me alawela 18-Dec 57					
TION, REMOVAL (Specify)	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)					
Burial 12/20/52 Loudon Par						
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	75. FUNDAL DIRECTOR ADDRESS					
	Leonard J. Ruck, 5305 Harford Road.					
VS 150						

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52 11493

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered \$2 11483

BIRTH NO.						
I. NAME OF DECEASED (Type or Print) WILLIAM E. CARDWELI						
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admissi					
B. FULL NAME OF (If not in hospital or institution, give street address						
HOSPITAL OR location						
4101 Eierman A venue	Baltimore 27-0/townsh					
Yrs						
Mos	4101 Fierman Avenue					
c. Length of stay in Baltimore Day 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 H					
male white WIDOWED, DIVORCED (Special Married						
10A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR ork done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF					
Auto Salesman	Baltimore, Maryland WHAT COUNTY					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
William E. Cardwell, Sr.	Marion C. Smith					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL						
Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.						
	Mrs. Irma J. Cardwell, 4101 Eierman					
18. 492X CAUSE	OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH						
(This does not mean the mode of dying, e.g.,	jocardial failure 24 his					
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
ANTECEDENT CAUSES	is Premium of Pleus. 1200					
DISEASES OR CONDITIONS, IF ANY, GIVING						
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
(C)						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)						
OTHER SIGNIFICANT CONDITIONS CON-						
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
. 19A. DATE OF OPERATION A 1 19B, MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY					
	YES NO					
21a. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (o. g. LYING OR CONTRIBUTING about home, farm, factory, street, office bld.						
CAUSE OF DEATH						
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCUR						
m. WHILE AT NOT WHILE AT WORK AT WORK						
	nov 25, 1957, to Dec 18, 1957, that I last saw					
	urred at 8:3 cm., from the causes and on the date stated abo					
23A. SIGNATURE	23B, ADDRESS 23C. DATE SIGNI					
Toute all me thank	2818 At Paul St Dec 19-5					
	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (Stat					
TION, REMOVAL (Specify)						
Burial 12/22/52 Moreland M						
DATE RECEIVED BY REGISTRAR'S SIGNATURE	ADDRESS ADDRESS					
UEG 191053 Huntington Villeaues, M.	Leonard J. Ruck, 5305 Harford Road					
	// wood harrord mode					
VS 150	n/T					
1 5 5 576						

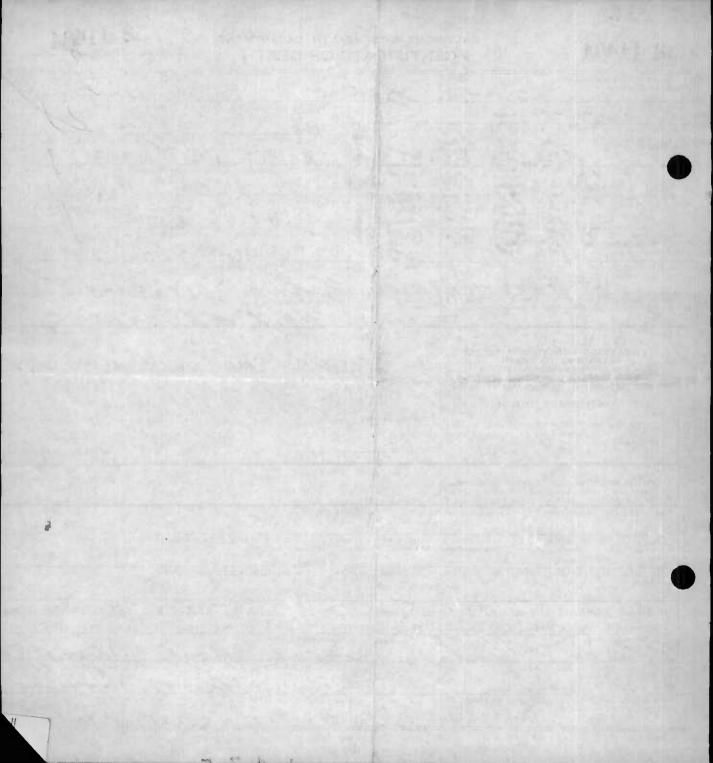
JR. N. Beck-

Briennan

fore, liberture

52 11481 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY A STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL, and give C. CITY OR TOWN INSTITUTION Yrs. Mos. UORTH c. Length of stay in Baltimore Days 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE If Under I Year 9. AGE (in years) last birthday) | Months | Days | Hours | Min. 10A. USUAL OCCUPATION (Givekin lof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? COUDUCT. RET FUNSY LVA NIA-ALLROAD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) SECURITY NO 705-05-8946 18. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CERERRAL (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICA 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, strest, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE AT WORK dlue 17, 1952 to see 18, 1952 that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on Alec 14, 1952, and that death occurred at 122 Am., from the causes and on the date stated above. 23A. SIGNATURE 24A. BURIAL, CREMA-24c. NAME OF CEMETERY 24D. LOCATION (City, town, or county) (State) TION_REMOVAL (Specify) Buria Baltimore Benelen DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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Physicians:

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52 11485 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH 12/ 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 424 W. BIDDLE township) BATTIMORE Yrs. D. STREET ADDRESS (If rural, give location) Mos. BIDDLE STREET LIFE 424 W. c. Length of stay in Baltimore Days 5. SEX 6. COLOR DR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years) last birthday) Months Days Hours Min. if Under 1 Year Il Under 24 Hours WIDOWED, DIVORCED (Specify) 3/22/189/ 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 12. CITIZEN OF COMPANY work done during most of working life, even if retired) U.S.A. TRUCK DRIVER RALTO, MD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HENRY SMITH ETTA SMTTH 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yee, no or nnknown) MABEL SMITH(W) 424 W. BIDDLE INTERVAL BETWEEN 18. 592 X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY lernic Brynts Duesse LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTIFICA OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! AT WORK SPM 19570 12/16/ 22. I hereby certify that I attended the deceased from. . 195 that I last saw the deceased alive on MI4 _ 1952 and that death occurred at m., from the causes and on the date stated above. 23A/SIGNATURE 23c. DATE SIGNED 23B. ADDRESS

24A. BURJAL CREMA-TION, REMOVAL (Specify)

24B, DATE 2/20/5

CALVARY CEMETERY

25. FUNERAL DIRECTOR

ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

CARROLLTON

· A

1 9 1053 VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

B

CERTIFICATE OF DEATH	Registered No.
ALTIMORE CITY HEALTH DEPARTMENT	52 11486

ВІ	RTH NO.	CERTIFICAT	E OF DEATH Registered	1 NO.		
(T		CORNISH	2. DATE OF DEATH 12/	16/52		
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived.	If institution: residence before admission)		
В.	FULL NAME OF (If not in hospital	l or institution, give street address or	MARYLAND			
IN	DOLPHON 337 DOLPHON	STREET	c. CITY OR JOWN (If outside corporate line BALTIMORE	mits, write RURAL and give township)		
c.	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 337 DOLPHIN ST.			
5.	F 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years last birthday)	If Under 1 Year Months Days Hours Min.		
wor	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF UNHAT COUNTRY?		
- 4	B. FATHER'S NAME	10111101110	14. MOTHER'S MAIDEN NAME			
	plc		*			
15	. WAS DECEASED EVER IN U. S. ARMED	FORCES? 16. SOCIAL	17. INFORMANT	ADDRESS		
(10	(If yes, give war or dates of NONE	of service) SECURITY NO. 220-20-8/87	CLINTON BERNARD MAKEL	S)337DOLPHIN		
	18.172X		OF DEATH	INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Casculation (A) Control (B) Control (B) Control (C) (C) (C) (C) (C) (C) (C) (D) (C) (D) (D					
z	ANTECEDENT CAUSE					
은	DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S	STATING THE OUE TO				
Q.	UNDERLYING CONDITION LAS	(C)				
CERTIFICATION	OTHER SIGNIFICANT CONDIT TRIBUTING TO THE OFATH, BUT N TO THE OISEASE OR CONDITION	NOT RELATED				
AL	19a. DATE OF OPERATION 0 19	B. MAJOR FINDINGS OF OPER		20. AUTOPSY?		
EDICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,		y, give exact location)		
	21D. TIME (Month) (Day) (Year) (OF INJURY	(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?			
	- Model	m. WHILE AT NOT WHILE				
	22. I hereby certify that I atte	ended the deceased from 1	77 , 19 7 to 17 -/6 , 19	, that I last saw the		
	deceased alive on 1 7 1	, 19 , and that death occu		the date stated above.		
	23A. STONATURE		23B. ADDRESS	23c. DATE SIGNED		
2	4A. BURIAL, CREMA- 24B. DATE	M. D.	RY OR CREMATORY 24D. LOCATION (City, to	vn, or county) (State)		
TI	ON, REMOVAL (Specify))		
	ATE RECEIVED BY REGISTRAR'S	2 U.S.NATIONA SSIGNATURE	25. FUNERAL DIRECTOR	ADDRESS		
L	OCAL REGISTRAR	too Williams M.J.	CHARLES G. COOPER_512 (CARROLLTON AY		

5 7200A Charlottwoper

SERVICE OF LABOUR STATES

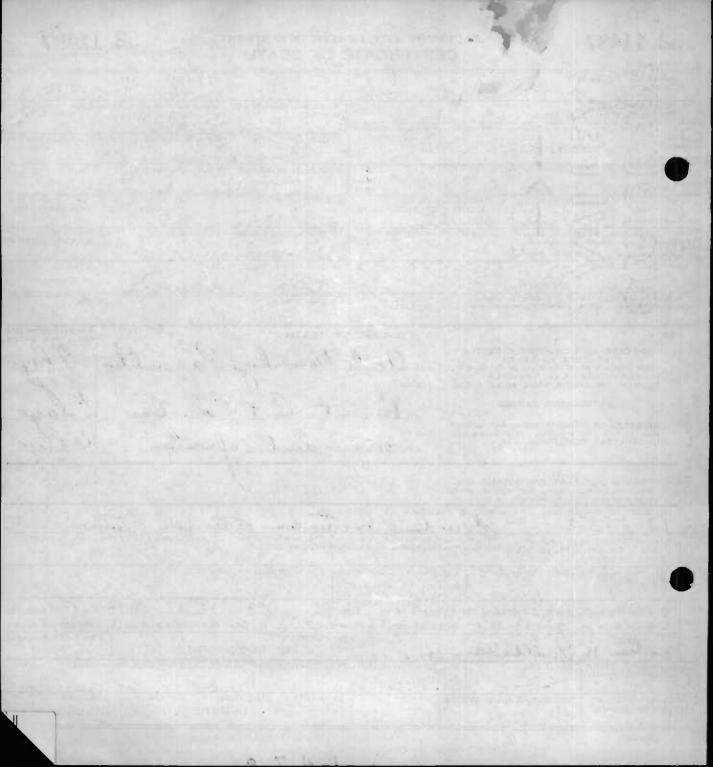
52 11487

BALTIMORE CITY HEALTH DEPARTMENT

52 11487

BIRTH NO.	CERTIFICATI	E OF DEATH	Registered I	No.
1. NAME OF DECEASED (Type or Print)	m. Lyan	~	2. DATE OF DEATH	ce .18.1952
a. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or instit	a 1	4. USUAL RESIDENCE	Where deceased lived, If B. COUNTY	institution residence before admission)
HOSPITAL OR INSTITUTION JOHNS HOPKINS H	location)		f of side corporate limit	s, write RURAL and give township)
JOHNS HOPKINS HO	Mos.	100	f runal, give location)	0
c. Length of stay in Baltimore 5. SEX 6. COLOR OF RACE 7. SING WAPC	Days LE, MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH	last birthday) Mo	Under 1 Year If Under 24 Hours onths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work deno during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Parent for even	14. MOTHER'S MODEN	NAME	
15. WAS DECEASED EVER IN U. S. RMED FORCES?	I 16. SOCIAL	Ella Ha	clewell	
(Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	JOHNS HO		DDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise injury or complication which caused dea ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELA	A.g., (A) Ocully ase, th.) Due to	entie Luit of	Sancrestet Struction Lorotion	Hays
OTHER SIGNIFICANT CONDITIONS CONTINUE TO THE DISEASE OR CONDITION CAUSING	TED	U		
19a. DATE OF OPERATION 19b. MAJO 12-8-32 19b. MAJO 21a. ACCIDENT WAS LINDER. 21b. P.		estimulum of C nor 21c. WHERE DID	In Julia & B. (If In Baltimore) City,	20. AUTOPSY?
210. TIME (Month) (Day) (Year) (Hour) bf INJURY	21E. INJURY OCCURR WHILE AT WORK AT WORK		RY OCCUR?	
22. I hereby certify that I attended the deceased alive on 12 18, 1952	e deceased from	2 7 1953, to	12 \ 18 , 195 the causes and on t	that I last saw the he date stated above.
23A. SIGNATURE Qualleba	9 M.D.	JOHNS HOPKIN	IS HOSPITAL	23c, DATE SIGNED
ZAA.) BURIAL. CREMA-24B. DATE: ION REMOVAL (Specify) Burial 12-21-52	MELL VIEWORT	RY OR CREMATORY 240.	remont New	Homnehine
DATE RECEIVED BY REGISTRAR'S SIGNAT	TURE VIII OUA M.P.	Howard H. Hub	bard, 2503 E	address dmondson, Av

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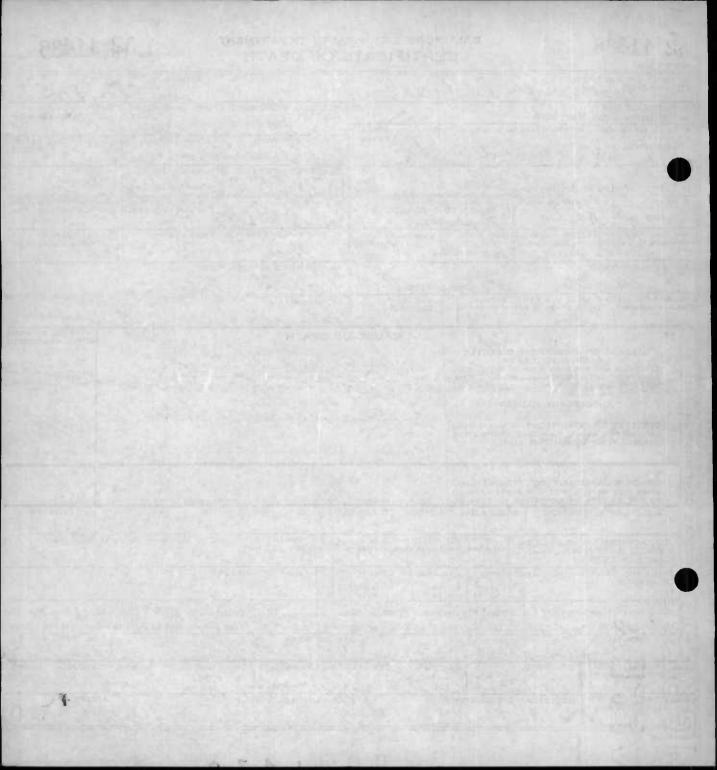
Registered No. 11499 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE Imanda (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. Baltimore City, Maryland before admission) (If not in hospital or institution, give preet address or B. FULL NAME OF HOSPITAL OR location) C. CITY OF TOWN (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. tompden c. Length of stay in Baltimore Days 5. SFX 6. COLOR OR RACE SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years) 8. DATE OF BIRTH If Under 1 Year ft Under 24 Hours Ast birthday) Months Days Hours Min. Jemile udowed 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1. BIRTHPLACE (State or foreign country) 108 KIND OF BUSINESS OR 12. CITIZEN OF LA COUNTRY INDUSTRA rouse work rome 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME chas zura 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL INFORMANT ADDRESS (Yes, no or nnknown) SECURITY NO. 2825 Hampden INTERVAL BETWEEN 18. CAUSE OF DEATH 41x and ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. IL RT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e.g., In or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT 1950, to Dec 18, 1952, that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on Lec 17, 1952, and that death occurred as 335 Am., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) 244 NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Hampde Briria DATE RECEIVED BY DIRECTOR ADDRESS

VS 150

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

untinglow



52 11489 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) WILBUR E KRAUCH OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. STATE A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RURAL and give C. CITY OR TOWN MSTITUTION township) E2 [1 South O. STREET ADDRESS (If rural, give location) Yrs. Mos. c Length of stay in Baltimore Days 9. AGE (In years) 5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED last birthday) Months: Days Hours; Min. WIDOWED, DIVORCED (Specify) Marrie 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? wark done during most of working life, even if retired) INDUSTRY MAIDEN NAME 13. FATHER'S NAME 14. MOTHER'S 15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 154X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. FIC/ (C) F OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 218. PLACE OF INJURY (e. g., if or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR?

LYING OR CONTRIBUTING CAUSE OF DEATH

210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

OF INJURY NOT WHILE WORK AT WORK

22. I hereby certify that I attended the deceased from NOC.

deceased alive on Necks A9 . and that death occurred at_ 23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Darial

24c. NAME OF CEMETERY OR CREMATORY

horan

Am., from the causes and on the date stated above.

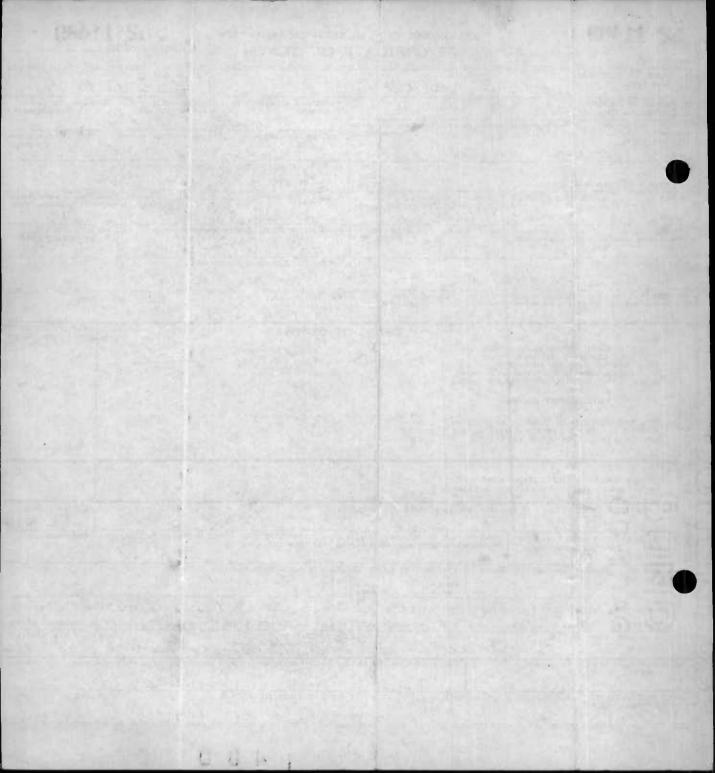
21F, HOW DID INJURY OCCUR?

18, 195 2that I last saw the

23c. DATE SIGNED LOCATION (City, town, or county)

25 FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY LOCAL REGISTRAR

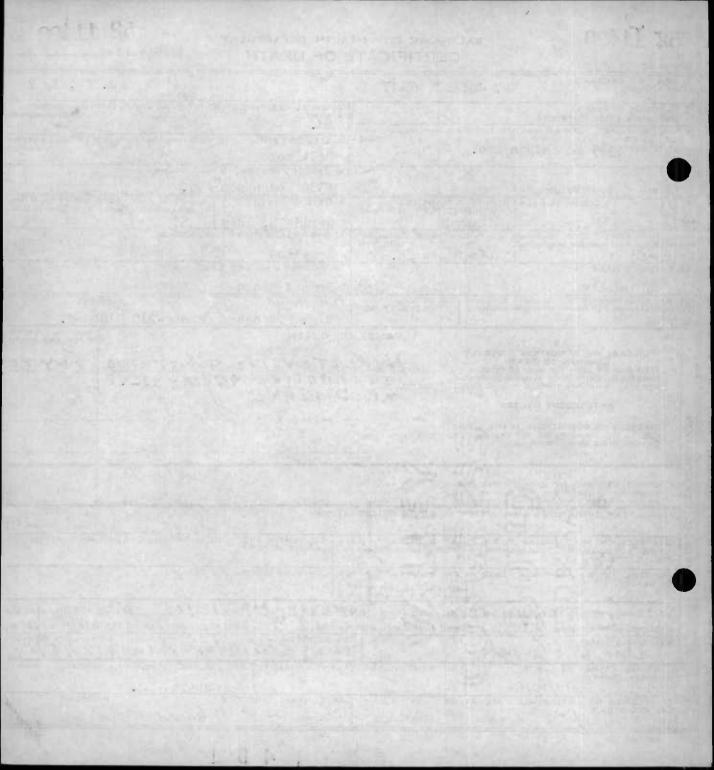
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BALTIMORE CITY HEALTH DEPARTMENT

ВІ	RTH NO.			CERTIFICAT	E OF DEATH	H	Registeret	1110	
1. (T	NAME OF D	ECEASED	RAY JOH	NSON WELTY			OF I	Dec. 17	, 1952
A.		City, Maryland			4. USUAL RESIDE A. STATE Md.	NCE (Where	deceased lived. B. COUNTY		n ; residence fore admission)
H	FULL NAME OSPITAL OR ISTITUTION	of (If not in hospit		ion, give street address or location)	1	(If outside	de corporate li	mits, with R	UIAL and give township)
				Yrs. Mos.	D. STREET ADDRE	SS (If rural,	give location)		
-		tay in Baltimore		Days	2316 Edmon				
5.	SEX	6.COLOR OR RACE	7. SINGLI WIDOW	E. MARRIED. ZED, DIVORCED (Specify		1	GE (In years ast birthday)		
	le	White	Widow		April 24,		58	1 10 017	751105
wor!	k done during most	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR		state or foreign	country)	WH.	IZEN OF AT COUNTRY?
	tchman		Auto	Sales Co.	Maryland 14. MOTHER'S MA	IDEAL ALAME			
	FATHER'S			114	14. MOTHER'S MA	IDEN NAME			
	eodore W			Land Control	de Emman Johns	on			
(Ye	s, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	SISTAL I		ADDRESS	
no	ne 18. 44 2				Mrs. Franc	es Ander	son-210		d.
CERTIFICATION	(This does heart failt in jury or	SE OR CONDITION LEADING TO DEA' s not mean the mode of tre, asthenia, etc. It mean complication which of ANTECEDENT CAUS SOR CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDITION S TO THE DEATH, BUT USEASE OR CONDITION	I'H of dying, e. 1 ns the diseas auscd death SES F ANY, GIVIN STATING TH STATING TH NOT RELATI	(B)	estersing entotie Diseque	OZ & A CARLO	firte/ vasc	710 S	+4785
1	19A. DATE	OF OPERATION 0 1	9B. MAJOR	FINDINGS OF OPE	RATION			20 YE	S NO NO
1EDICAL	21A. ACCIE LYING O CAUSE OF	DENT WAS UNDER. R CONTRIBUTING DEATH		ACE OF INJURY (e. g., farm, factory, street, office bldg.			Baltimore Cit		
	21D. TIME OF INJURY	(Month) (Day) (Year		21E. INJURY OCCURE WHILE AT NOT WHILE WORK AT WORK		INJURY OC	CUR?		
		live on 12/16	tended the	deceased from and that death occu	rred atm.	from the co	uses and or	n the date	I last saw the stated above. DATE SIGNED
	1 le	26 6 les	w	м. D.	3629 Edm	ONASOI	VAVE	151	118/12
2	4A. BURIAL, ON. REMOVAL () Burial	CREMA- 24B. DATE Specify) 12/20/5		24c. NAME of CEMET.	ERY OR CREMATORY		oro, Md.	wn, or count	y) (State)
	OCAL REGIST	D BY REGISTRAR		JRE Minus My	25 FUNERAL DIR	ECTOR .	ner &	Lou	iss /
-	VS 150		U	7/2	TU.	0 1/	Snot	170	mil



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BALTIMORE CITY HEALTH DEPARTMENT

	В	RTH NO.		CE	RIFICAL	E OF DEATH	Registered 140	
	1.	NAME OF DECEASED type or Print)	LINN	н.	ROGERS		2. DATE OF DEATH Dec.	17, 1952
nauddne d	Α.	PLACE OF DEATH: Baltimore City, Maryland				4. USUAL RESIDENCE (WE A. STATE Maryland		
	H	OSPITAL OR ISTITUTION			ive street address or location)	C. CITY OR TOWN (If o	utside corporate limits,	write RURAL and giv township
·	1	Merc;	y Hospit	AL	Yrs.	Baltimore o. STREET ADDRESS (If ru	ral, give location)	The state of the s
gibl		Length of stay in Baltimore			Mos. Days		lvert Street	
and legibly.	5.	SEX 6. COLOR OR RACE	WIDOW	ED,	RRIED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years Mont	hs Days Hours Min.
	10	Male White A. USUAL OCCUPATION (Give kind o k done during most of working life, even if retired	f 10B. KINE		Owed BUSINESS OR INDUSTRY	NOV. 30, 1891	eign country) 1	2. CITIZEN OF WHAT COUNTRY
ı clearly		Nood Cutter (Rtd))]			Pennsylvania 14. MOTHER'S MAIDEN NAM	ME	
death		Hubert Rogers				Eva Lawerence		
of d	15 (Yes	S. WAS DECEASED EVER IN U.S. ARME s, no or nnknown) (If yes, give war or dat	D FORCES?		SOCIAL SECURITY NO.	17. INFORMANT	ADI	DRESS Court
		yes World War	No. 1	7.	12-16-9131	Mr. Harold A. Roge	ers - 2702 G	ray Manor
write the causes	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) CAUSE OF DEATH (A) Arteriosclerotic cardiovascular disease, out to ou						ascular dise	ase
is: please								
Physicians	ERTIFICA	OTHER SIGNIFICANT CONE TRIBUTING TO THE OEATH, BUT TO THE DISEASE OR CONDITIO	NOT RELATE	ED				
Ph.	Ü				DINGS OF OPER	RATION		20. AUTOPSY?
ıt.	AL		L asm mi	CE (OF INJURY (e.g., i	n or 21c. WHERE DID (If	in Baltimore City, giv	YES NO L
important.	EDIC,	21a. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB UTING ☐ CAUSE OF DEATH	about home, f		actory, street, office bldg.,		in Baldinoic Oley, gi	CARCE ISSUEDIN
	M	OCCUR?						
especially		22. I certify that I took cha the evidence obtained by and death in my opinion	said Auto	psu.	Inspection or I	Inquiry, find that said dec	eased died on the	$determined \square$.
age is		23a. SIGNATURE	fus	h	e_ m	23B. CHIEF MEDICAL EXASSISTANT MEDICAL EXAMPLE. .D. MEDICAL INVESTIGATO	RDec	. 18, 1952
	Z4 Tio	4A. BURIAL, CREMA- ON, REMOVAL (Specify) Burial 12/20			NAME OF CEMETE Daklawn Cem	RY OR CREMATORY 24D. LO	cation (City, town, or alto, Md.	
correct	D	ATE RECEIVED BY REGISTRAN			1:111 11 11	QV M. DECTOR	hener Y:	OUS /
	V	S 151	0	-	950	30	Batto. 1	7. Mid

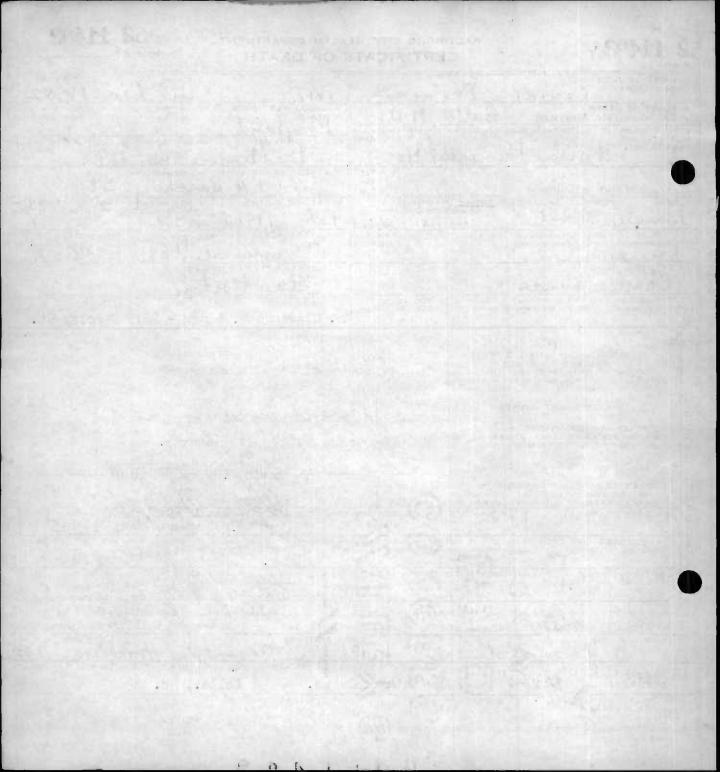
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correct age is especially important. Physicians: please write the causes of death clearly an Ilegibly.

BALTIMORE CITY HEALTH DEPARTMENT

52 11492 Registered No.

BIRTH NO.	E OI DEATH
1. NAME OF DECEASED (Type or Print) Chaiff Frances	2. DATE OF OF 105
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. Baltimore City, Maryland B. FULL NAME OF (If not in bospital or institution, give street address of the control of the con	A. STATE B. COUNTY before admission)
HOSPITAL OR location	C. CITY OF TOWN (If outside corporate finits, write let RAH and give
Institution Union Memorial Hosp.	Battimore 18, 7.D. township)
Yrs. Mos,	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	
Female White 7. SINGLE MARRIED. WHOWED, DIVORCED (Specify MARRIED.)	8. DATE OF BIRTH 1 Seb. 2, 1915 9. AGE (In years last birthday) Months: Days Hours Min. 37.
10A. USUAL OCCUPATION (Givehindof 10B. KIND OF BUSINESS OR work done during most of working life, eveo if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Nousew de	anyland USA n.SA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
_ Charles Vance.	Ella Mortoni
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or noknowo) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	Mr. Clarence V. Lingg - 2619 Barclay St.
18. E 916.0 , CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND GEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	Smonly edema.
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
O DISEASES OR CONDITIONS, IF ANY, GIVING	+ 3 rd augree runs of
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	ox. 65% of bods.
0	8
OTHER SIGNIFICANT CONDITIONS CON-	CERTIFICATION APPROVED BY
OTHER SIGNIFICANT CONDITIONS CON-	11/2 1/2 1/
TO THE DISEASE OR CONDITION CAUSING IT.	RATION WILLIAM (N.M.D.) 20, AUTOPSY?
4	CHUSE ON ASST. MEDICAL EXAMINED YES W NO
21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., boout home, farm, factory, etreet, office bldg	in or 21C. WHERE DID (If in Baltimore City, give exact location)
W ACMICIDE (Specify)	(etc.) INJURY OCCUR? 26/9 Barclay St.
OF INJURY OCCURION (Jay) (Year) (Hour) 21E. INJURY OCCURION (NOT WHILE AT NOT WHILE	
OF INJURY DOC 15, 1952 6:00P. WHILE AT NOT WHIL	Eller 1 and 1 and 1
22. I hereby certify that I attended the deceased from D.	ec 15 , 1952, to Nec 18 , 1952, that I last saw the
deceased alive on Dec 18, 1952, and that death occu	erred at 2: 45 P m., from the causes and on the date stated above.
23a. SIGNATURE	23B. ADDRESS
24a. BØRIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 24D. LOCATION (City, fown, or county) (State)
24a. BURIAL, CREMA. 24B. DATE 24C. NAME OF CEMET 110N REVOVAL (Specify) 12/22/52 New Cathedra	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25_FUNERAL DIRECTOR ADDRESS
UEC 1 9 1059 11- 4: 4 W/W	Ilm. & Tickwert Sans
VS 150	0 1 000 0
11948.2	Bueto. 17. Md
17000 00000	1 1 1 0 19

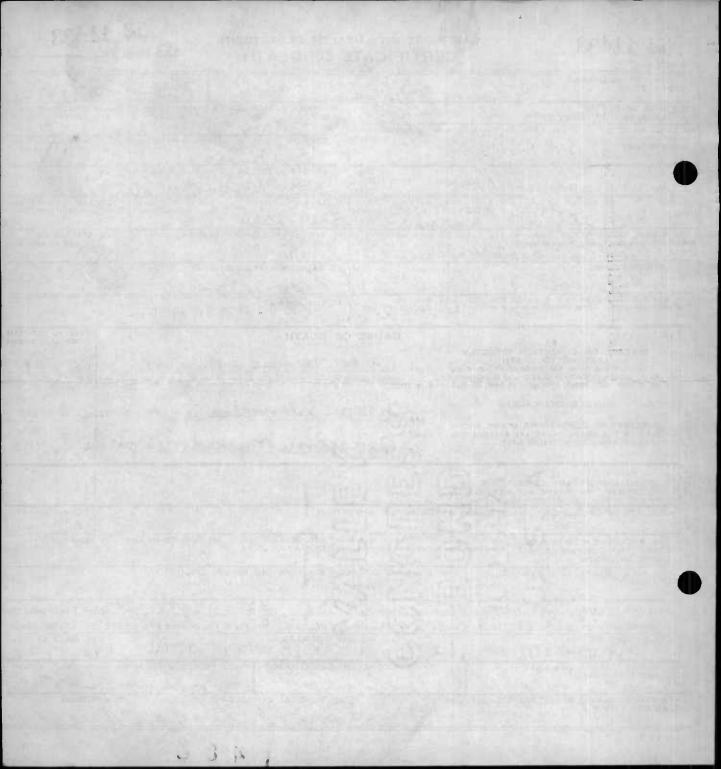


52 11493 BALTIMORE CITY HEALTH DEPARTMENT 11493 Registered No.__ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 4. USUA RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate lights, write RUIAL and give HOSPITAL OR location C. CITY OR TOWN JOHNS HOPKINS HOSPITAL INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months; Days Hours Min. 7. SINGLE, MARRIED If Under 24 Hours WIDOWED, DIVORCED (Specify) 5-19-1900 norried 104. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF wes done during most of working life, even if retired alletrical Engineer Sults. INDUSTRY WHAT COUNTRY? ensit 60 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. HOPKINS HOSPITAL -9871 INTERVAL BETWEEN 18. 298.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dylng, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (B) Chronic Salmonella Bacteromia 3 mos (C) agnosemic Mydoid Metaphia 8 mos ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. L OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19a. DATE OF OPERATION YES [NO 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-ED about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 8- 38 22. I hereby certify that, I attended the deceased from-, 19 5 that I last saw the 19 52 and that death occurred at 720 m., from the causes and on the date stated above. deceased alive on_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED JOHNS HOPKINS HOSPITAL 12 .17.52 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B. DATE CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Suri 20 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS

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52 11494 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) marylan B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL INSTITUTION 223 location) (If outside corporate limit, write BURAL and give D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 5. SFX 9. AGE (In years) 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. idaw 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? alan 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or onknown) (If yes, give war or dates of service) 16 SOCIAL 17. INFORMANT ADDRESS (Yee, no or onknown) SECURITY NO. CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210, TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WORK AT WORK

deceased alive on 12-17, 1952, and that death occurred at 4 of m., from the causes and that I last saw the 23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME of CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) MARK DATE RECEIVED BY REGISTRAR'S ADDRESS LOCAL REGISTRAR Q 1DE VS 150

Dry John J. Vauld my m, fast and

52 11495

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BALTIMORE CITY HEALTH DEPARTMENT

Segistered No. 11495

BIRTH NO.	E OF DEATH
1. NAME OF DECEASED (Type or Print) Mystle C. B. Ison	2. DATE OF December 17, 1952
S. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address o	Maryland Balkneve
INSTITUTION Union Memorial Hospital	C. CITY OR TOWN (If outside corporate limits, write HIJRAL and give
	Balhmore 7 1-8
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	18. DATE OF BIRTH 19 AGE (In years) If linder I Year If linder 24 House
Ferrake Whik WIDOWED, DIVORCED (Specify Married	Jonuary 25, 18 96 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
housewife	Bolhmure, Manyland USA.
13. FATHER'S NAME Theodore hucas	Margart Cumber land
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or nnknown) (If yes, give wer or detes of cervice) SECURITY NO	17. INFORMANT ADDRESS
(Yes, no or naknown) (11 yes, give war or detes of service) SECURITY NO.	Hubard - Mr Henry Bilin same
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	State st
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OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED OF THE DISEASE OR CONDITION CAUSING IT.	
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V ALL ACCIDENT CHICKE	YES NO X
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., about bome, farm, factory, street, office bldg.	In or 21c. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE OF INJURY	RED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from	oc 5 1957-to Dec 17 , 1957-hat I last saw the
deceased alive on Doc 17, 1952, and that death occu	rred at 2 pm., from the causes and on the date stated above.
Man Man I	235 Apressin Munich Hopotal 23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 24D LOCATION (City, town, or county) (State)
24A. BURIÁL, CREMA- TION, REMOVAL Specify	200 170 000 June 1.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	1 / B 1 - DALA
DEC 1 9 1952 Tuntington Villeauer, Aux	Joung lyone 500 (The Jynes

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN INSTITUTION_ Yrs. D. STREET ADDRESS (If rural, give location) Mos. no. AVE c. Length of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) WIDOWED, DIVORCED (Specify) March 18-1892 (2 MArried 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY Touse WILE Arborowo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME OULISE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. on e 420.0 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Sclevotic Heart Disease DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. RT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from \$1, 1952, to Dec. 18, 1952, that I last saw the deceased alive on Dec. 17, 1952, and that death occurred at 7.45 m., from the causes and on the date stated above. 23A, SIGNATURE 238. ADDRESS 23c. DATE SIGNED

(If outside corporate limits, write RURAL and give township) last birthday) Months; Days Hours; Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS 303 SEAGU/ AVE INTERVAL BETWEEN 20. AUTOPSY YES (If in Baltimore City, give exact location)

24D. LOCATION (City, town, or county)

ADDRESS

VS 150

REGISTRAR'S SIGNATURE

welington

24c. NAME OF CEMETERY OR CREMATORY

25. FUNERAL DIRECTOR

24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) 12-2

DATE RECEIVED BY

LOCAL REGISTRAR

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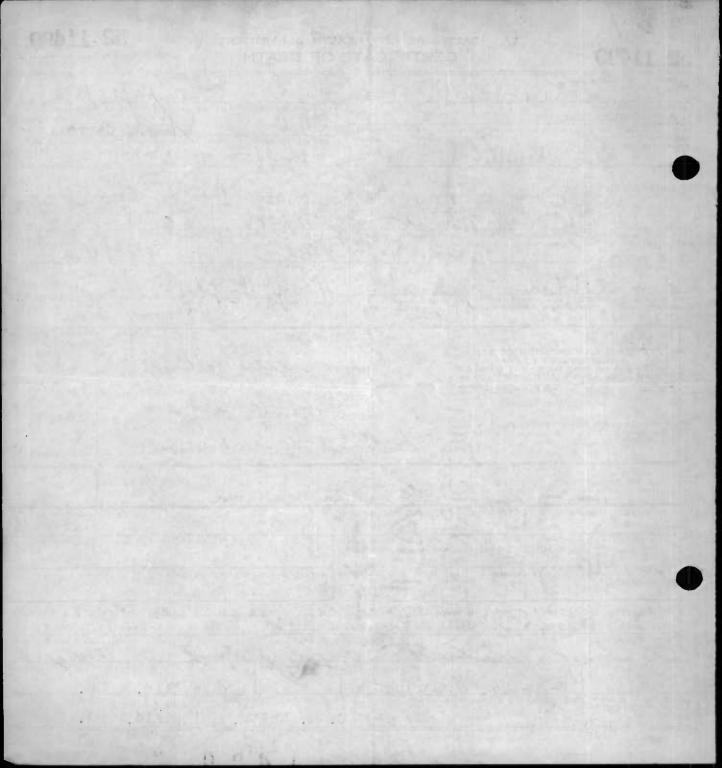
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	3	2 11497	BALTIMORE CITY HE		Registered No.	11497
	1.	NAME OF DECEASED ype or Print)	+ 514 000	-1-1	2. DATE OF	10 Fa
	3. A. B.	PLACE OF DEATH: Baltimore City, Maryland 6420 No FULL NAME OF (If not in hospital or for	1 + + B1	4. USUAL RESIDENCE (WAS hing	DEATH / L. Where deceased lived, If inst	before admission)
у.		ospital or stitution The Seton	Institute	Washi u	gton) I.C.	rite RURAL and give township)
and legibly.	C.	Length of stay in Baltimore 3y No.	,9 mo, 16 days Mos. Days	D. STREET ADDRESS (IF	nural, give location)	
		SEX 6. COLOR OR RACE 7. SI	INGLE, MARRIED. IDOWED, DIVORCED (Specify)	B. DATE OF BIRTH	9. AGE (In years last birthday) Months	
clearly			KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for TOST ON)	Mass.	CITIZEN OF WHAT COUNTRY?
death	13	. FATHER'S NAME Richard Fi	tagerald	14. MOTHER'S MAIDEN N	ostello	
of	15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORC s, no or unknown) (If yes, give war or dates of serv	SES? 16. SOCIAL SECURITY NO.	17. INFORMANT The	Seton Inst	itute
ins: please write the causes	ICATION	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST.	ertly g, e, g., disease, death.) DUE TO GIVING	rent If Cereb rile Den Tesio-Sel	relhenorhy exter erosis	16 MARC.
Physicians:	CERTIFIC	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS	ELATED			
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important.	EDIC	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about	B. PLACE OF INJURY (e. g., lr thome, farm, factory, street, office bldg., e	or 21c, WHERE DID (I tc.) INJURY OCCUR?	f in Baltimore City, give	exact location)
	Z.	21D. TIME (Month) (Day) (Year) (Hour OF INJURY	Y OCCUR?			
e is especially		22. I hereby certify that I attended deceased alive on 19	and that death occur	' ' '	he causes and on the d	nat I last saw the late stated above. 3c. DATE SIGNED
ect age	TIC	AA. BURIAL, CREMA: 24B. PATE ON, REMOVAL (Specify) Burial Burial	2 Cathedral	Cemetry 3	OCATION (City, town, or o	ounty) (State)
correct		ATE RECEIVED BY REGISTRAR'S'SIG	- 11711	25. FUNERAL/DIRECTOR	Co. 108 W. 3	orth an.
		VS 150	- a = 2 G	21148	0 City #1.	

52 11498 Registered No. BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE (Type or Print) Jay O.Miller Dec. 18-1952 OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE Baltimore before admission) Maryland (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals (If outside corporate limits, write RURAL and give C. CITY OR TOWN 4940 Eastern Ave. Cockeysville and legibly D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1 day Windy Hill Estate Cuba Road c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (in years | Nonthell Pear | H Under 24 Hours last birthday) | Monthell Days | Hours | Min. WIDOWED, DIVORCED (Specify) Male White Single July 5.1950 10A. USUAL OCCUPATION (Give kind of work done of inc most of working life, even if retired) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes no or unknown) (If yes are war or dates of service) 17. INFORMANT timore City Hospitalsess 16. SOCIAL SECURITY NO. Records: 4940 Eastern Ave. CAUSE OF DEATH INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) ... Hemophilus Influenzal Meningitis. DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ERTIFI OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY YEST 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID ebout home, farm, fectory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from 12-17-1952, to 12-18-. 152, that I last saw the 4 A m., from the causes and on the date stated above. deceased alive on 12-18-19 52, and that death occurred at_ 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 4940 Eastern Ave., Baltimore, Md. 12-18-1952 24A BURIAL, CREMA-TION REMOVAL (Specify) 24D. LOCATION (City, town, or county) DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 150

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1	5	2,11499	CERTIFICAT					
	1. (T	NAME OF DECEASED Richale	v. John		2. DATE OF DEATH 12	117152		
		PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDEN	ICE (Where deceased lived.	If institution; residence before admission)		
	В.		stitution, give street address or	Mod.	bostos			
Ŋ.		Mercy Hospita	l	Woodbi	ne RFD#1	mits, write RURAL and give township)		
legibly.	c.	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRES	s (If rural, give location)	5600		
and	5.		NGLE, MARRIED, IDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (ln years last birthday)	If Under 1 Year H Under 24 Hours Months Days Hours Min.		
clearly		k done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY		te or foreign country)	12. CITIZEN OF		
	13	B. FATHER'S NAME	1 arm	14. MOTHER'S MAIL	DEN NAME	1 VI JU		
death		Somuel Ridgley		Mary 1	tughes			
es of	15 (Yes	S. WAS DECEASED EVER IN U.S. ARMED FORC s, no or unknowu) (If yes, give year or dales of serv.	ES7 16. SOCIAL SECURITY NO. NONE	17. INFORMANT		ADDRESS		
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the		DISEASE OR CONDITION DIRECT		· 0 +	1.1			
		(This does not mean the mode of dying heart failure, asthenia, etc. It means the injury or complication which caused	dlsease.	ne organi	x Failure	***************************************		
write		ANTECEDENT CAUSES	DESCRIPTION OF THE RESERVE					
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ple	ATK	RISE TO THE ABOVE CAUSE (A) STATIS UNDERLYING CONDITION LAST.	NG THE DUE TO	under tie H.	+-1.			
Physicians: please	FIC		(C)		an variable.			
sici	RTI	OTHER SIGNIFICANT CONDITIONS						
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impor ant.	S		PLACE OF INJURY (e.g., i			YES NO		
odu	AFI	CAUSE OF DEATH	home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?				
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cially			m. WORK AT WORK			42		
especi		22. I hereby certify that I attended deceased alive on 16/12 193	the deceased from			that I last saw the the date stated above.		
18 6		23a. SIGNATURE		3B. ADDRESS	- Com the Cardes Chica on	23c. DATE SIGNED		
age	24	4A. BURIAL, CREMA- 24B. DATE	M. D.	RY OR SINGHALOW I	24b. LCATION (City, tov	wn, or county) (State)		
	TIC	ON, REMOVAL (Specify) BURIAL 12-20-1952	A SA		Sykesville.	Md.		
correc		ATE RECEIVED BY REGISTRAR'S SIG		25. FUNERAL DIREC		ADDRESS		
5		DEC 1 9 1050 Huntington	- Williams, My	C. M. Waltz	z, Winfield,	Md.		
		VS 150 1992	100	10				
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CERTIFICATE OF DEATH

egistered 52 11500

BIRTH NO.	CERTIFICATI	E OF DEATH Registered No.
1. NAME OF DECEASED		2. DATE
(Tame on Daint)	lthoff	OF 30/30/50
3. PLACE OF DEATH:	. 1. 01101 1.	DEATH 12/16/52 1 4. USUAL RESIDENCE (Where deceased lived, If institution; residence
A. Baltimore City, Maryland		A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institu	tion, give street address or	
HOSPITAL OR INSTITUTION 1700 Users	location)	c. CITY OR TOWN (If outside corporare limits, write JURAL and give township)
1300 Homewood	AVe.	Baltimore
	Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore ?	? ? Mos.	1300 Homewood Ave.
	E, MARRIED.	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours
WIDOV	WED, DIVORCED (Specify)	last birthday) Months; Days Hours; Min.
- 011020	dowed	April 6,1890 62
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife		Ireland U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
John Curran		Margaret Sweeney
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or detes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
no	? ? ?	Francis X. Althoff 1300 Homewood Ave.
18. 442X	CAUSE	OF DEATH JINTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
LEADING TO DEATH	1.0	who males + less respect 3 well
(This does not mean the mode of dying, e. heart failure, asthenia, ctc. It means the disea	g., (A)	
injury or complication which caused deat	h.) DUE TO	Comp
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OTHER SIGNIFICANT CONDITIONS CO		
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21A. ACCIDENT WAS UNDER 21B. PL LYING OR CONTRIBUTING about home	ACE OF INJURY (e. g., i., farm, factory, street, office bldg., e	n or 21C. WHERE DID (If in Baltimore City, give exact location)
L CAUSE OF DEATH		
1. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
INJURY	WHILE AT NOT WHILE	
m.	WORK AT WORK	
22. I hereby certify that Lattended the	e deceased from	Jan 5, 1936, to 16 Dec , 1952, that I last saw the
deceased alive on 15 her 1952	, and that death occur	red at 1:36 m., from the causes and on the date stated above.
23A. SIGNATURE		38. ADDRESS 0 23c. DATE SIGNED
Samuel to	he fell	119 E. Treson 86. 19 Dec 1932
	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
TION, REMOVAL (Specify)		
Burial 12/20/52	New Cathe	
DATE RECEIVED BY REGISTRAR'S SIGNAT	URE .	25. FUNERAL DIRECTOR ADDRESS
DEC 1 9 1952 Tuntington	Villianus Me	John A. Moran 3000 E. Balto. St.
VS 150		tu HE Lewis

